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MEMORABLE EVENTS

IN THE LIFE OF

A LONDON PHYSICIAN.

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IN THREE PARTS.

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ERRATA.

For "attentive," page 13, line 27, read "attention."
For "resemblence," page 36, line 8, read "resemblance."
For "so-called diseases," page 129, line 15, read "so-called local diseases."

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MEMORABLE EVENTS

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PART I.

CHAPTER I.

The members of the medical profession of the present day are all at sixes and sevens. Whether in opinion or in practice there is nothing but doubt and disagreement prevailing in their ranks. Allopathy—Homœopathy—Hydropathy—Chrono-thermalism! Thirty years ago you never heard these words. Physicians, surgeons, and apothecaries, thirty years ago, all squared their measures by a common creed. In theory, as in practice, one and all held a community of tenet, seemingly as unchanging and unchangeable as the laws of the Medes and Persians. According to the whole profession then,—and, if the truth be told, according to many of them still,—the root of every disease is "inflammation." Apparent or latent, blazing or smouldering, this metaphorical fire was for centuries the bugbear of the medical world—who, strange to say, during all these centuries, tried everything they could think of to quench it, but cold water! In the eyes of the doctors, "inflammation" was far too serious a matter to be disposed of summarily with a wet blanket. For a heroic disease they had heroic remedies. To a man, doctors of every

class, ordinary and extraordinary, till within the last few years, bled, leeched, cupped, physicked, blistered, setoned, and salivated their grateful and gratified patients in the most exemplary manner—to conquer inflammation or phlogiston.

Such virtually was the anti-phlogistic practice, when the anti-phlogistic practice was the practice universal. Equally universal then was the anti-phlogistic regimen—a regimen as nearly as possible approaching starvation.

The *principle* of the anti-phlogistic or anti-inflammatory practice being undoubted and indubitable, the only possible doubt that ever arose in the mind of the patient or his medical adviser was a mere question of the *plus* or *minus* in some one or other of those interesting details—the number of bleedings, the number of leechings, the number of physickings, blisterings, setonings, and so forth. True, the doctors occasionally held what were called "Consultations;" but these were too often mere medical farces—mere forms for the satisfaction of friends and relatives,—ending, as they very generally did, by showing that "everything had been done for the patient that could be done, and that nothing could be done better."

How, then, did heresy arise? How came professional men who, thirty years ago, were all so satisfied, and everybody else so satisfied with them, to fall out and make such a split, and create such a ferment as they have since done? How came they to differ and dissent at all from that good old-established practice—that admirable practice which had been handed down from father to son from the time of Hippocrates? The same cause that overthrew the Popery of these realms upset the medical creed of the country. A want of faith sprung up among the people. Puzzled by the questions asked them, from time to time, by their

patients, some of the doctors began to be themselves shaken too; and some even went so far as to lose all confidence in their own prescriptions. Hence heresies and heresiarchs; and hence also much of the present doubt and disturbance.

Allopathy—Homœopathy—Hydropathy—Chrono-thermalism—can all or any of these be true? Some doctors hold to one, some to another. Occasionally you hear of an individual practising all four. To do this *honestly* must be a very clever thing; for, if we are to credit the respective organs of these various medical sects, their respective *beliefs* are as different from each other as Catholicism is from Quakerism, or Quakerism from the doctrines and practices of the worshippers of Buddh!

Certain subjects are in themselves so conclusive as to meet with a ready assent from all mankind. Arithmetic, geometry, and mensuration are of this class; and these are accordingly termed the "exact sciences." The so-called science of medicine cannot yet be included in this description. Consequently, while in the first-mentioned cases, you have no disputation, in physic as we have seen there are few things at the present day on which our doctors may not disagree in opinion. So far, indeed, as the practice of medicine is concerned, the great mass of practitioners take the mental tinge of the schools of the place and period in which they were educated. This may differ with every capital city of Europe. From the routine in which they were bred, medical men, whatever their creed, seldom or never emancipate themselves. When they think, they only think they think—for they think after a fashion—the fashion of their masters. Should differences arise in consultation, for example,—if that can be called a consultation which may or may not be a mere collusive meeting of two professional

friends in the same interest,—they appeal to *authority* rather than to *examination*. They do nothing in that case but quote and quote. In most cases, however, no such difference arises. In the presence of the patient the doctors talk one language; when left to themselves they talk another;—not unfrequently during these "consultations" they only speak of politics or the weather. Occasionally they have something to say of a new doctrine. That generally is a sore subject. Every discoverer in the first instance must be in a minority of *one*. Behold at once the source of his glory and his weakness. If the subject of his disclosures involve any very extensive practical changes, the less likely will it find favour or a fair field. He must contend with the interested opposition of one class—with the bigotry and blindness of another. All the world knows what a great chemist Sir Humphry Davy was; but all the world does not know that, when a certain "imaginative individual" first proposed to light the streets of London with gas, Sir Humphry Davy took the man for an idiot. Dr. Dionysius Lardner wrote a *History of Steam*, in which he ridiculed the possibility of crossing the Atlantic in a steamer. A steamer, nevertheless, a few years afterwards, conveyed from this side of the Atlantic to the other, the same sapient Dr. Dionysius, when he was, with reason, in a very desperate hurry to get to the American shores. Lord Byron made a similar mistake, not only as regards steam, but also as regards galvanism and gas. Could he rise from his grave, how would the mighty poet stare to read of the marvels of the electric telegraph—he who placed steam, galvanism, and gas in the same category with the ravings of Joanna Southcote! Most inventors will be prepared for the obloquy of those whose interests or income may be affected by the general reception of their newly-disclosed

truths; but it is not usually so evident to them at the commencement, as during the progress of their revelations, that those whom their invention benefits will join with equal fury in the cry raised against them, as those whose interests it injures. The fact, however, is certain, that the English people at first generally treat their benefactors very much as the overloaded ass treated the good-natured man who relieved it of a part of its burden—the stupid ass kicked him.

What the preceding observations have to do with "Memorable Events in the Life of a London Physician" will appear in due time. It may be as well, however, to state here that this is not an autobiography. The following pages will be found to be chiefly occupied with an array of facts and a detail of circumstances connected with a great revolution in the practice of the healing art—a revolution wherein the author claims to have played a part, whether as a writer or an actor, second to none. Of himself personally, he must therefore speak more frequently than he could wish; but this is a necessity imposed upon him by the nature of his subject. He will, at all events, avoid, to lay himself open to the charge of an objectless egotism. Nevertheless, without some explanation, what more immediately follows might seem to have an egotistical savor. The end the author has in view will redeem it from that stigma. To make the reader in the outset acquainted with the early professional position, and the means of observation at the command of an individual who comes before the public, with more than ordinary pretensions, appears a simple act of duty.

After completing my education at two celebrated schools, Edinburgh and Paris, I commenced my career at the age of twenty-three, as a medical officer of the army; my choice

in that respect having been determined by the merest accident. One day, while walking up the Strand, in the vicinity of Craven Street, I encountered a medical acquaintance, who, to my surprise, was habited in an undress military uniform. "How is this?" I enquired, "have you given up blue pills for musket balls; calomel for gunpowder; the lancet for the lance?" "No; not quite that," replied my friend with a smile, "I have, on the contrary, managed to unite the two trades in my single person." "A strange combination—tell me how?" "The explanation is easy. I have the honor to hold His Majesty's commission as Assistant Surgeon in the —— Dragoons." That solved the mystery. "And I am now (continued my friend) so far on my way to Gravesend to embark for India, and join the head quarters of my regiment." "For India! I should like to go to India of all places in the world. How did you get your appointment?" "I have the good luck to know some influential people, who exerted their interest for me with Sir James M'Grigor." "Oh, I remember: the Director-General of the Army Medical Department." "The same." "Where, may I ask, does he live?" "His private residence is at Kensington; but he can only be seen at the Medical Board Office, Berkeley Street, Piccadilly." I booked the address and resumed my queries. "What is the best hour to wait upon him?" "His levée days are Tuesdays and Fridays. This is Thursday; if you really wish to see him go to Berkeley Street to-morrow, between ten and eleven, and write your name in the list of visitors, which you will find on the table in the waiting room; return at one o'clock, and you will be called up, in your order on the list, to see the Director General." "By Jove! I'll chance it. I should like to be a military doctor above all things." "But pray be prepared with a letter of introduction,

for that is a *sine qua non.*" "Many thanks, my friend, for the information." And with that, I took leave of the spruce young army doctor, and wished him a pleasant passage to India.

On the following day, I obtained the desired interview with the chief of the Army Medical Department. Several gentlemen were already seated in the waiting room of the Board when I entered, one of whom I recognised as an old Parisian acquaintance, who had come on a similar errand. Upwards of an hour elapsed before it was my turn to see the Director-General. An attendant at last summoned me to his presence. Sir James received me with a courteous bow, and asked my business. I at once announced myself as a candidate for military medical employment. "You have, of course, a letter of introduction to me?" I had hoped to escape this question, but I answered quickly, "I have,—an open countenance; please, Sir James, to read it favourably." The dispenser of army medical patronage, half surprised, half amused, looked me full in the face, then drily observed, "Good, very good; but you have something besides that, I hope?" This was rather a damper to my modest assurance, but I was not disheartened; for no sooner did I suspect that brass was at a discount in Berkeley Street, than I determined to try gold. Gold! What a dangerous move!—*Cela depend.* It succeeded, as I anticipated, in my case. The reader is, of course, curious to know how such a "delicate matter" could be managed. In this instance, as in most others, I went straight-forward to work. "It was only yesterday, Sir James," I rejoined, "that the thought came into my head to trouble you with such an application. I have not even brought with me the usual certificates which any well conducted student can get from the professors whose classes he has attended; though, if you will

allow me, I shall be prepared to do so on a future occasion. But here, sir, is something that may perhaps smoothe my way to your good graces. I regret I have not a more formal letter of introduction." Whereupon, I placed in his hands a gold medal, which some six or seven months before had been awarded me for the best Essay on the "Food of Plants," while studying botany at the Edinburgh College. The Director-General's features brightened up; and he now seemed to take an interest in me. After a brief pause, apparently passed in reflection, he resumed the conversation thus:—"I have a great many gentlemen on my list, and I shall have some difficulty in providing for them; but, I think, I can be of use to you. Will you serve wherever you may be ordered?" "Certainly, Sir James; send me to any place you please,—to Sierra Leone if you like; I shall think it an honor to serve His Majesty anywhere." And I should assuredly have gone to Sierra Leone had I been ordered to do so; for, though I knew it to be an unhealthy station, it had not then acquired its present notoriety as the "The White Man's Grave." Sir James M'Grigor was pleased, doubtless, with my readiness to undertake so unpleasant a duty. "When will you be examined?" he asked. "To-day sir, if it be convenient for you." "Come to-morrow, at two o'clock; to-morrow we examine officers." And having said all he meant to say to me on that occasion, the worthy Chief of the Department shook me by the hand, and bowed me out to make room for fresh visitors.

The following day I presented myself before the Medical Board for examination; the "Board" being composed of Sir James M'Grigor himself, and Sir William Franklin, the Principal Inspector-General of Hospitals. It is useless to refer to the questions put to me, and the answers I returned. Suffice it to say, before quitting the

Board Room, I received the gratifying assurance that I should appear as a commissioned officer in an early Gazette.

Instead of being sent to Sierra Leone, I was ordered to Chatham, and at once introduced to my military duties. Thence after a few weeks I was transferred to Canterbury, where several of His Majesty's regiments then serving in India had their depôts. I passed some months very agreeably at Canterbury, and one fine morning found myself gazetted to the 30th Foot, then stationed at Madras. A few months afterwards I embarked at Gravesend, and arrived in India in February, 1827.

I must here tell the reader that before I entered the military service, from all I had seen of physic and physicians in civil life, I had not a very exalted opinion of either. It was otherwise with surgery. A favoured pupil of the late Mr. Liston, I shared that eminent surgeon's contempt for the whole tribe of mere medical doctors;—and having assisted him in many of his most important operations, I early acquired a disposition to rate high the reputation to be achieved by manual dexterity and the knife. Mr. Liston, who was then at the top of his profession in Edinburgh, subsequently removed to London, where he became the Dupuytren of England. While I continued his pupil I received much kindness at his hands, and when I left Edinburgh for Paris, the great operator gave the writer a testimonial, which concluded in these words:—"I have much pleasure in bearing testimony to his professional acquirements and ability as a surgeon, and to his honourable feeling and worth as a gentleman. I am satisfied he will do credit to himself in any situation which he may hereafter fill."

The duties of the army-surgeon, in time of peace, are

not usually favourable to the acquirement of operative skill; I nevertheless, while engaged in military service, managed to obtain some distinction as an operator. Of the many testimonials I received from the different officers under whom I served, all bear some allusion to this.—Witness the following from my old Commanding Officer, General Sir George Wetherall, formerly Colonel of the Royals, now in command of the troops in the Northern District of England. I introduce it here with less scruple, as I have long ceased to practice the operative part of medicine. From its date the reader will perceive it was written thirty years ago:—

"Certified that I have known Dr. Samuel Dickson for some years, during which he has been one of the medical officers of the Royals under my command. If a non-professional man may be permitted to judge of medical talents by successful practice, Dr. Dickson must possess eminent abilities. I have known him succeed in operations considered desperate, and perform cures which were deemed hopeless. In enthusiastic devotion to his profession I have never known his equal, and in none can there exist more zeal. Wherever he has served he has enjoyed and deserved a very high reputation. "G. A. WETHERALL,

"*Glasgow, 2nd May*, 1833. Lieut.-Colonel the Royals."

While serving in India, I practised surgery principally among the natives of the interior. There are few operations of any magnitude I have not had an opportunity of successfully performing. My chief delight, however, in those youthful and happy days, was to relieve the blind from cataract and other diseases of the eye—diseases to which the poorer classes of India are very liable. At one village I remember to have removed as many as forty cataracts in a single morning. Some of the officers at the

different stations where my regiment lay, had the curiosity occasionally to witness my operations; among others, General Sir Richard Armstrong, and the late General Pritzler,—both of whom, by the way, alluded to this in the testimonials they gave me when I left the service. But with all my partiality for surgery, my duties as medical officer of a European regiment compelled me to practise medicine on a large scale. At first I followed the routine of the schools in which I was bred. For my practice, such as it was, I was on several occasions complimented in the reports of the various inspecting medical officers who visited the hospital of which I was the Chief—for at twenty-five years of age I held that responsible position. Most young medical officers similarly situated would have been quite satisfied with such reports from their professional superiors. But it was not so with myself. On the contrary, when I reviewed the results of what they were pleased to call my "very scientific treatment," I was greatly disheartened. Bleeding, leeching, cupping, starving, blistering, purging, pushing mercury till the teeth shook in the sockets—that practice was universal. Need I say the mortality corresponded? Doubt came first—certainty afterwards. I now found I *had* been educated in error; and step by step as I left off that universal practice, my success increased in proportion. To me from that time it became as plain as day that physic, as taught in the schools, and practiced by men even of the highest name, was a complete mistake,—in most instances a stark staring aggravation—in too many a certain but fatal cure to the sick man's sufferings. Still, a floating notion would ever and anon cross my mind, that amid all the chaff with which I had been so long blinded, there were here and there some grains of sense; and that could we only obtain a clue to the true principle of action of medicinal substances, their more rational employ-

ment might yet lead to some certainty of result in the treatment of the sick. With bark, opium, antimony, and a few other drugs, I could scarcely doubt that in many cases I had done my patients good service; but every now and then I was again staggered, when in precisely similar cases of disease, with these identical drugs identically administered the symptoms of other patients became as perceptibly worse. In vain I studied the works of the schoolmen—in vain I consulted my medical friends. Of the latter some admitted the facts—some did not—some said one thing, some another—but no satisfactory conclusion could I draw from any. I therefore determined to EXAMINE ANEW—to dismiss from my mind as much as I could all I had previously read and heard, and if possible discover a path for myself through the deep obscurity of medical *science!* To the army-hospital, as to other hospitals, the patients come and go; but unlike the sick of other hospitals, they do not disappear from the eye of observation when recovered. In the barrack-yard, the camp, the field, the soldier still continues under the surveillance of his medical officers. As a consequence, the comparative results of medical treatment, whatever they be, can nowhere be so unerringly obtained as here.—Here then I began my new researches. Here, after my own fashion, I watched the action of medicinal forces on *living* men; and here, after patient examination, I learnt what was utterly then unknown to the most enlightened in the profession—the fact, that all medicinal substances act *electrically;* and hence, like other electrical agents possessing both the force of *attraction* and the force of *repulsion*, they must necessarily exercise, under different electrical conditions of the human frame, a *duplex* power over the various organs they respectively influence. My chief difficulty was now overcome. Every case of disease, I

now found, besides a knowledge of the particular complaint, requires the further study of the *individualism* for its proper treatment;—for, as every medicine in the *Materia Medica* from its duplex power of attraction and repulsion can produce the most opposite effects in different bodies, no medical man, whatever his penetration or experience, can possibly predicate, till he tries, how far a particular medicine will serve for good or ill in *individual* cases, even of the same disease! The old adage of "what is one man's medicine is another man's poison," I found to be strictly correct. Nay, I found that medicine and poison are identical in their mode of action,—differing where they do differ, merely in scale or degree, and in the electrical relation they respectively hold to the electrical condition of the Cerebral System of the individual for whom they may be prescribed. Of all this I had never heard a word in the schools of physic. On the contrary, I was there taught that the best medical education is to be got in the dissecting-room. Dissect, dissect, dissect, I was told—and I did dissect; I all but lived in the dissecting-room. The professors who taught me thus to study physic, committed the same error as those, who, scalpel in hand, cut, carve, and microscopically examine rotten potatoes, in the hope of finding a cure and preventive of the potatoe-rot! Instead of day by day peering over the corruption *within*, both classes of philosophers might have done better had they directed some of their attentive to the influence of agencies *without*. They could scarcely then have committed the folly in either case to mistake effects for causes, and argue of the *end* as if it had been the *beginning*;—while any eloquence they possessed, in place of rendering darkness darker, might have been turned to some account in clearing up the difficulties of their respective undertakings.

Still, in the face of all this, and as if to outrage common sense, we have in London at the present time a club or coterie of doctors, yclept the "Pathological Society;" from the tenor of whose discussions, it would be nothing unreasonable to suppose that the dissection of the diseased dead is the ultimate end and aim of physic and physicians! Nor is this their only error—for what can be a more complete misnomer than to call their miserable cuttings and hair-splittings by the high sounding name of "*Patho*-logical Anatomy,"—to associate the word *pathos*—sensibility, feeling,—with the dissection of bodies that by no possibility can feel at all:—a new edition of *lucus a non lucendo!*

> "Hear this, ye Sophists, who, when life is gone,
> Peer into bodies motionless as stone;
> And there for SOURCES OF DISEASE mistake
> The FINAL FLAWS your blunders help to make.
> Who yet in schools where no sharp critic scowls,
> Pass for 'profound pathologists'—with owls!
> Why in the corpse fragmental ruin scan,
> Pathos exists but in the living man!"

Pathology, then, cannot be learnt in the dead-house. It can only be studied in the living subject. Moreover, a knowledge of pathology cannot be obtained without a previous acquaintance with physiology. Before studying the action of medicinal forces on the living pathetic man, the young physician ought, therefore, to be made acquainted with a law of life, which has only very recently been discovered, namely—the Periodicity and Intermittency of all animal movement, whether in health or in disease. Without a knowledge of the tidal fluxes and refluxes—the alternate attraction and repulsion of every organ and atom of the living body,—together with the various thermal changes they undergo, people who practise medicine at this time of day are little better than impostors.

Like the various movements of a watch or chronometer, the various movements of the body of a man in health resolve themselves into a unity or harmony of special periodic action. Each wheel of a chronometric machine completes its revolution in a special period of time. Each organ and atom of a living body in perfect health does the same. Any excessive alteration of the time or period of movement of any important part, perceptibly alters in a corresponding manner the periodic movement of every other important part of either machine. To cure sickness you must make the body keep normal time—time in the pulse—time in the breathing—time in the functions of the various secreting organs—time in the hours of eating, sleeping, waking; in a word, you must periodize every one of the organic motions of man. Through the mainspring of all his movements—the brain—you must periodize the man's entire frame. You must do the same with the wheels of a watch that goes badly. When in perfect working-order both machines are chronometers or time-keepers.

But the living body possesses, to a certain extent, a power that belongs to no other machine whatever—the power of regulating its own wrong movements, and even repairing its own machinery when injured. In the course of these and other phenomena, it changes its thermal conditions—its temperature alters with its periodic changes. The movements of a watch are chronometrical, or *chronal* simply. Those of a living being, on the contrary, involving, as we know they do, changes of temperature as well as changes of time, are *thermal* also. There can be no important alteration in any of the chronometrical or chronal movements of man, without a corresponding thermal change—a corresponding change in the corporeal tempera-

ture. Whatever then be the *means* of cure of such wrong movements, the *object* must invariably be the regulation of Time or Period, and the regulation at the same time, of Temperature or Heat. Such is the principle of the "CHRONO-THERMAL SYSTEM OF MEDICINE." Is it quackery, as its opponents say? Or is it science?—science, if not as exact as the sciences of arithmetic and geometry, as unequivocal and indisputable at least as any other axiom in general physics!

CHAPTER II.

To know the nature of the diseases, or more correctly to speak, the disorders of the body, we must first be well acquainted with the theory of its order in its health, or wholth. To heal is to make hale or whole. In its unity and integrity of order, the living body is unquestionably a chronometrical machine. In its structural conformation, as in the order of its movements or events, it is a *repeater* throughout. On the beautiful duplexity of the repetitions which make up the human frame, its symmetry depends. From head to heel look at man—he is a *dualism* all through. Nor is this duplexity confined to his external parts. All the various organs of his interior are in twos, or joinings of two The brain is double—the lungs are two—the heart is double—the liver (in the embryo) was two once—the kidneys are two; every tissue of the body is, or was two. The blood itself is two!

If we analyze the various motions and emotions that make up the life of the individual man, in his health or wholth, we shall find a like duplexity prevailing;—each and all will be found to be simply, acts of attraction or acts of

repulsion—acts of approach, or acts of divergence. A periodic alternation of these two movements is common alike to the individual WHOLE, and to every and all of its organs and atoms—to its solids and to its fluids.

If we survey man, in his unity, we find *order* in all his movements. Like the clock he keeps orderly hours by night as well as by day. A regular man is orderly in all his acts—from the dawn, when he quits his couch, till the setting sun reminds him of his necessity for repose. He eats by time, works by time;—he has his time for pleasure—his pastime. Wearied of all, he abandons all; for, however attractive all may be in the first instance, everything in its turn becomes *repulsive*. Once more, then, he seeks the oblivion of the couch—that attractive couch from which, on the morrow, he will again spring at the *periodic* hour, to repeat and re-repeat through life, with a few unimportant stops and digressions, the same diurnal move.

In his organism throughout, man is constantly undergoing similar alternate periodic changes of attractive and repulsive movement. Receiving from the earth the materials of his income and expenditure, he masticates them with his teeth, mixes them with the saliva of his mouth,—then, morsel by morsel expels and repulses the mass by the gullet into the stomach; to which, thus prepared, it comes with all the attraction of novelty and nutrition. A special period elapses, and that stomach, at first so eager to give a warm reception to the elements of its own and the body's reparation, repulses and expels them in its turn;—but not before the nutritious mass has been still further changed by the gastric and other juices, with which it came in contact during the process of digestion;—a fit attraction now for the small intestines into which it is repulsed. Not beyond their special time appointed, do the voluminous folds of those intestines retain

the material of the body's repair. From the mouth to the stomach, alternately attracted and repulsed, a similar fate awaits it here. Here coming in contact with the juices of the pancreas and the liver, it undergoes still further changes which fit the nutritious portion, sooner or later to enter the *Venous System*. There, combined with the dark blood of this system, it passes in the homogenious state of blood into the right chamber of the Heart, by whose alternate periodic dilatations and contractions — for the heart like every other part, has its movements of divergence and approach—it is again repulsed into the Lungs. With every successive inspiration and expiration of those organs —with every attractive and repulsive movement of the great human bellows—the sanguine stream, in its circuit through them, takes in and gives off an aërial element. It is now a welcome guest to the left chamber of the Heart,— where, in the shape of the rich red life-blood, it is no sooner received than it is again sent out, and circulated by the repulsive force of the arterial apparatus through every part of the body. Undergoing every mutation, every metamorphosis of fluid, solid and gas, the elements of the blood, are ultimately expelled, by the various excreting organs, to the earth and air, from which they were primarily derived. From the earth and air they came, and to the earth and air they go, in a continuous but periodic chain of attractive and repulsive alternation. Thus far I have sketched the *Organic* Man.

I must now speak of the Man himself. I must speak of the Brain and Nerves,—of the Cerebro-spinal System, for the brain and nerves are one; they are one, as much as the arm and hand are one, divide them mentally at what joint you please. This Brain and these Nerves, with all their sensations and emotions, are the Man! These not only

regulate every movement of all the other parts, or appendices, of the body, parts that after all are the mere servants of the man! It is by this brain, and by those nerves, you see and feel, think and reflect, walk, talk, and perform all your pleasurable and repulsive duties;—whether you are attracted through their medium to the world and yourselves by love or interest, or repelled by hate, disgust, or anything else. By means of this system too—a system which combines the advantages of the chronometer and the telegraph—a complete order or harmony of movement is maintained throughout the various organs of the machine. By acting on the Brain and Nerves every possible constitutional disorder may be produced, whether from within or without; and through the same medium, medicinally or otherwise, the greatest apparent *diversity* of disorder can be rectified. Every passion and emotion of the brain has its antagonist passion or emotion; its "I shall," or its "I shall not." The same duplexity of approach and divergence—of attraction and repulsion—is maintained here as in the various organic movements, acting too, more or less, like them in alternation. The Passions of the mind have a wonderful analogy to the various Fevers of the body. In both cases the organic and other movements undergo similar changes—becoming quicker or slower;—the temperature changing also from cold or hot, or *vice versa*, in whole or in part. Curiously enough too, as in the common Fevers of the body, the passions may CAUSE or CURE not only diseases admittedly constitutional, such as gout, epilepsy, palsy, palpitation, &c., but may even cause or cure disorders erroneously supposed to be local only, such as eruptions, ulcers, and enlargements. How could there be a deficiency or swelling in any part, if the atoms of that part kept the normal *time* in the order of their entrance and exit!

The analogy between the periodic or chronometrical movements of the watch and those of the human machine, as we have already seen, is certainly very close; but as the watch has no pretension to the vital principle—that principle upon which the thermal changes, the changes of temperature of the human body, depend—this analogy is necessarily incomplete. The man who has not carefully studied every part of a watch's structure, can by no possibility regulate its movements when disordered. The wrong movements of our own corporeal frames, on the contrary, being each and all more or less capable of regulation without any considerable knowledge of its various parts, is one of the reasons why quackery of all kinds is at the present moment so extensively encouraged by mankind. It is to the Brain and Nerves—to the Cerebro-nervous System—that source of all motion and emotion, the charlatan most generally directs his remedies, whether physical or psychical—and hence his frequent success; while the great majority of the profession, on the contrary, from a too great neglect of this, and a too exclusive attention to the mere mechanical details of the organism,—the heart's action, and so forth,—scarcely pass a day without having to blush for the blunders they were in their schools of physic taught to call "science." Alas! for those errors of the dissecting room! Why will not our professors take a lesson from the physicians of India and China? These physicians, though they never open a dead body, at this very hour practise medicine with a success that would greatly astonish many of the best anatomical professors of England. Mere mechanics in their ideas, what have these professors done for the healing art! In the sick-room, men of this stamp have generally been less successful than their fellows; hence the necessity they have

had to fortify themselves against their own too numerous failures with the ever ready *carte* and *tierce* of disputation, and all the other blinding dust of medical dialectics!

With a strip of cinchona bark, a Peruvian peasant, who never saw the inside of a dead body, accidentally cured himself of the AGUE—cured himself of intermittent fever—a disease which throws every organ and atom of man's frame into disorder. And that cure he moreover accomplished in a safer, surer, and speedier manner, than could have been done by all the doctors of this or any other country who preceeded the discovery of that fact by the Jesuits! That one discovery in that one disease ought long ere this to have taught professors the right path for their *patho*-logical researches. That one fact tells, as plainly as any fact in philosophy can teach, that the only true method of improving the practice of medicine is to note the effects of external agency on the pathetic man in his unity—on the totality of his living economy; not, as the schoolmen will have it, to theorize in the dissecting-room over the corruption and decay of his dead fragmental parts!

But for the observation of that fact—that cure of the ague by the Jesuit's bark, and the study to which it impelled me as the consequence—it is just possible the cobwebs of the schools, flimsy as they were, had up to this moment kept me as completely in the dark on the nature of disease and its treatment, as I was when I quitted those so-called sanctuaries of learning. In the phenomena of the AGUE-FIT I discovered the *Type* of all disorder. In the action of the BARK in the cure of that disease, I found the true key to the mode of action of *all* remedial means!

CHAPTER III.

SOMEWHERE about five and thirty years ago, while on the march from Madras to Wallajahbad, the Cholera broke out with great violence in the 30th regiment In spite of what in those days was called the best medical treatment, the disease carried off a considerable number of persons of both sexes. Nor did it cease to molest us even when we got into cantonments. The few months we remained there, the pestilence never fairly left us; and such was the devastation it made among our ranks, the soldiery on quitting the place observed, "Thank God we are out of Wallajah-*bad*;—it could scarcely be Wallajah-*worse!*" Being the senior medical officer present, the medical charge of the entire 30th Regiment devolved upon the writer. I had, it is true, the assistance of another medical officer, the late Assistant Surgeon Adams, who, though junior to me in the service, was by a summer or two my senior in years. But upon myself, as the medical officer in charge, the entire responsibility rested. To a young man of twenty-five, what a fearful responsibility was that charge of a European regiment, with 2,000 native camp followers, and the cholera raging amongst them! Death followed death so rapidly, the commanding-officer, Colonel Powell, at my request, had the funerals conducted without the usual military honours; for, inexperienced as I confessedly then was, I saw that the too frequent repetition of the "dead-march" had a bad effect on the spirits of the soldiers and their officers. Before this particular outbreak of the cholera, I had occasionally seen and treated cases of the disease, both native and European. These sporadic cases greatly astonished me at the time, but they, neverthe-

less, made no very permanent impression on my mind. Under the usual treatment—bleeding, calomel, opium, brandy, ammonia, and ether—some recovered, and others died in nearly equal proportions. But coming as an epidemic, never before in my life had I seen anything so awful as this disorder. Then, for the first time, I asked myself the question, What is this thing that men call "cholera?"

There were only two other medical officers at Wallajahbad, besides Mr. Adams and myself. Both of these gentlemen being in the East India Company's service, had seen a great deal of the disorder, but on the subject of *treatment* neither of them could give me the smallest assistance. They had themselves, as it happened, treated the cholera precisely as we did; but with so little success, both looked upon the complaint as one utterly unamenable to medical resources. Their duty, however, compelled them to follow the usual routine. Both of them possessed books on the cholera, which they very willingly lent me; and from these I learned, for the first time, the history of the various outbursts of this disorder. I saw, too, with sorrow, how inefficient, in each of these outbreaks, had been every remedy tried. Still, this did not appear so wonderful, as it was clear to me the *nature* of the disease was not understood by any one of the authors whose writings I had perused. Dissection I thought might give me some light; but this, in the first instance, only led me astray. Interpreting the *post-mortem* appearances after the manner of the schools, I fancied I detected "gastro-enterite." Everything in those days was "gastro-enterite," *Anglicé*, "inflammation of the stomach and bowels." The celebrated French physician Broussais, about that time, had fairly turned the heads of the whole profession with his doctrine, that gastro-enterite is the proximate cause of fevers of every kind. Both in England

and in France many medical men have attempted to show that cholera and gastro-enterite are one. Some writers cling to this belief still.

The source of error here I shall now explain. On opening the bodies of those who died of the disease, we found almost invariably the whole internal *viscera* engorged and empurpled with blood. Ah! said I, this is inflammation; and so said many others. But for all that we were wrong; and equally wrong were we in bleeding our patients, as was then the universal practice. Blinded, however, by that theory of inflammation, in my Report to the Inspector of Hospitals for the year 1828, I did not hesitate to recommend bleeding in every case! The disingenuous advantage taken of me twenty years afterwards for this recommendation will appear in due course. But before the end of 1829 I took a totally opposite view of the matter. Towards the end of that year, in my own belief at least, I had fathomed the phenomena of the disease. The engorged state of the viscera, which had led me at first astray, was now explained. In this engorgement I detected not the *beginning*, but the *end*. Whenever an animal dies in a manner comparatively sudden, you will find a similar engorgement of the internal viscera—in those who die by hanging or drowning—and in those even who perish from loss of blood!

The pathology of the disease called, or rather miscalled, "Cholera," is not understood by one medical man in a thousand. For that, among other reasons, I propose to give my readers some idea of its true character here.

There is no organ or function of the body which may not be involved in the course of this terrible disorder. Consequently cholera is neither, as it name imports, a mere disease of the biliary apparatus,—nor, as most doctors imagine, a disorder of the stomach and bowels simply.

Cholera is a disease of the Brain—a disease of the Cerebro-spinal System—in other words a "nervous disease." This. proposition I shall logically demonstrate by an examination of its essential symptoms.

What are the essential symptoms of cholera—of cholera when it appears as an epidemic? Not the purging, not the spasms,—for these, though common symptoms enough, and both indicative of a cerebro-nervous source—are not present in numerous cases of cholera. They are, moreover, of no account as elements in the general tendency to fatality of result. The essential symptoms of the epidemic cholera are, vomiting, loss of voice, and *difficult breathing*;—this last being the chief symptom on which, the danger to life depends. Of what are these three symptoms the immediate sequences?—They are the direct sequences of a great cerebro-nervous wrong. You can put your hand on the very nerves implicated in the production of these three symptoms! These three symptoms are each and all indicative of a diminution, or deprivation of the brain's influence over one pair of nerves—the pneumo-gastric or eighth pair! Whatever will diminish or withdraw the influence of the brain from this pair of nerves,—whatever will paralyze them directly or indirectly, will produce each and every of the essential symptoms of the epidemic cholera. All three symptoms may be caused in certain extreme cases by any one of the depressing passions;—all three may be caused by certain poisons;—all three may be caused by any considerable diminution of that electric stream, without which, the brain of every mortal is powerless, namely —by loss of blood! Any sudden stun or other mechanical jar, affecting the substance of the brain itself, may produce cholera in its worst form; hence every symptom of the disease may be the instantaneous result of a blow or a fall even!

And now comes the most startling proof of all—the *experimentum crucis* of my proposition, that cholera is a cerebral disease. Every and each of the three essential symptoms of cholera—the vomiting, the loss of voice, the difficult breathing,—can actually be produced at will, in the dog and other animals, by *simply dividing, or artificially paralyzing this eighth pair of nerves* with the knife! Immediately after the telegraphic connexion of these nerves with the brain has been severed by that operation, the animal vomits, loses his voice, breathes oppressively, and tosses from side to side like the cholera patient. His *arterial* blood—mark that!—becomes as in cholera black, viscid, and *venous*. And as in cholera too, where this venous hue of the arterial blood—this proved *effect* of diminished cerebral power—has been so often mistakingly supposed to be the *cause* of the nervous prostation incidental to the disease, the arterial blood can be again, at will, artificially reddened by inflating the lungs with atmospheric air! To complete the proof of this cerebro-nervous origin of cholera, the *post mortem appearances* of the chief internal viscera of the animal so operated on, correspond precisely with those of the same viscera in persons who have died of the epidemic disease.

My knowledge of these facts was the result of much patient study and enquiry while I was yet a very young man, still pursuing my avocations in Indian militarylife. The importance of this knowledge as a basis for the proper treatment of cholera cannot be impugned; and no candid critic would seek to depreciate the line of argument I have taken in regard to it. Many a long year has elapsed since I first gave my cerebral theory of cholera publicity. It first saw the light towards the close of 1829, when I had it printed in the shape of a brochure at the Madras Government Press. To all my medical acquaintances who took any interest in the matter,

I distributed copies gratuitously, as soon as they came from the printer's hands. In 1831, I republished my Cerebral theory of Cholera in the *Lancet*. In 1832, after my return to Europe, I followed up the subject at still greater length in my work on the *Prevalent Diseases of India*.

In each of these published writings of mine, I condemned the employment of blood-letting for a disease which I had more than once seen blood-letting produce. I did the same most emphatically in 1848 in my *Revelations on Cholera*. From 1829 to 1848 I had been the constant and consistent opponent of depletion of every kind in this disease. For the greater part of that period, indeed, I have never once bled a patient for any disorder whatever. I am the opponent of the lancet in all diseases still.

My latest work on the epidemic disease, *Revelations on Cholera*, had not the good fortune, in the first instance, to attract the favourable attention of professional critics. Like most other medical views proceeding from my pen, the theory and practice recommended in my book on cholera were in the outset denied and decried by the very writers who have since unblushingly patronised them when coming at second-hand from others. So unscrupulous, indeed, on the present occasion was the conduct of the Editor of the *Medical Times*, I cannot refrain from placing it on record here.

In December, 1848, in that journal under the head of "REVIEWS," among other books on the disorder, very prominently appeared "*Revelations on Cholera*, by Dr. Dickson." Naturally curious to see what the Reviewer had to say of a theory which to my mind at least made the pathology of cholera as clear as day, I began the perusal of his article with some interest. But in this instance, as in so many others, I was doomed to disappointment. Instead of candidly examining the facts and inferences detailed

in my volume, the Reviewer fell foul both of the writer and his theory. The doctrine that the more dangerous symptoms of cholera depend on a paralysis of the pneumo-gastric or eighth pair of nerves, he treated with derision; and, in the teeth of my work on his table to the contrary, he ended his remarks by holding me up to his readers as an advocate for bleeding in all cases of cholera. To justify his assertion, the Reviewer curtly referred to a work then very recently published by Mr. Rogers, a retired Surgeon of the East India Company's Service.

This work of Mr. Rogers I immediately procured. It proved to be a collection of "Madras Reports on Cholera," "the authors of which (in the words of the compiler), having no thoughts of their reports ever being published, and never having revised them since they were first written."

On looking over these Madras papers, almost the first thing that met my eye was the long forgotten Report which, in the course of my duty, I had made to the Inspector-General of Hospitals twenty years before—in 1828 to wit. This report, as the reader has seen, was written when I really knew no more of the *nature* of the disease of which it treated than hundreds of others who have, before and since, published the most unmitigated nonsense on the subject of cholera. To the Editor of the *Medical Times* this Report was doubtless a pleasant surprise. It afforded him, at least, an opportunity of amusing his readers at my expense. From a letter addressed to him by myself, I extract what follows:—

"Had Mr. Rogers, in common courtesy, communicated with me before he published what his own admission shows he had no right to do without my sanction, I should assuredly have stated objections; but now that he *has* printed

my manuscript I may at once state that I am not in the least ashamed of that Report; or any part of it—not even the recommendation to bleed in all cases of cholera!—If I feel ashamed in the least of anything or anybody, it is of my TEACHERS, all great doctors and professors in their time, with every one of whom the lancet was then the universal panacea—not in cholera only, but in almost every other disease whatever! So far, indeed, from considering it a reproach that in 1828, when fresh from the schools, and with little consequent experience, I contented myself to look at disease through *their* antiquated spectacles, I now take no small credit to myself for pulling them off my nose so early as the following year, 1829!

"As your 'reviewer' affects to despise the doctrine that the more dangerous symptoms of the epidemic cholera depend upon paralysis of the pneumo-gastric or eighth pair of nerves, I may here state that Dr. Wilson Philip, twelve months after its appearance in the *Lancet*, read a paper at the Westminster Medical Society, wherein, without acknowledgment, he adopted the doctrine as his own!—And even in this very volume of Mr. Rogers, which "our reviewer" appears to value so highly, I find a report of Dr. Chapman of the 63rd Foot, written so lately as 1843, which contains this passage:—'Indeed I am disposed to consider the *eighth pair of nerves* as constituting the immediate central point of action (if I may so express myself) of the poison of cholera.' Your readers will now be able to judge of your reviewer's capability to play the critic, and how far he is right when he says of the *Revelations on Cholera*—'Nothing could be more weary, stale, flat, and unprofitable, than the mysticism of this new apocalypse.'"

Having seen what the critical oracle of the *Medical Times* said of my Theory of Cholera, in December, 1848, the

reader will perhaps permit me to draw his attention to a leader which appeared in the same periodical in September, 1849, in reference to the immediate and predisposing causes of the disease. The nature of that editorial article will be seen from the letter subjoined.

"To the Editor of the *Medical Times.*

"Sir,—I have been more than gratified by the matter of your leading article of Saturday last on the *Philosophy of Epidemics.* Curiously enough, however, it presents an epitome of the identical ideas which appeared in my *Revelations on Cholera,* published twelve months ago. To prevent mistakes, I place them in juxtaposition:—

REVELATIONS ON CHOLERA, published September, 1848.

"From what I have seen and read of this cholera, I incline to the belief that *telluric* rather than *atmospheric* agency is the chief element in its production; but mark, I do not exclude *atmospheric* influence. On the contrary, that influence has appeared to me in numerous cases to have contributed both to the spread and to the disappearance of the disease—particularly thunder-storms, east winds, rain, and so forth. Still even these in a great degree depend on the ELECTRICAL and magnetic condition of the earth."

"I have a strong impression that the atmospheric or telluric influence in *any* epidemic, whether erysipelas, dysentery, yellow fever, or cholera, is *predisposing* only—that that influence merely determines the *form*; the more immediate exciting cause

MEDICAL TIMES, published September, 1849.

"May it not, however, occasionally happen, from causes which it is impossible to define or even speculate upon, that the ELECTRICAL conditions of the *earth* or the *air*, may be somewhat permanently modified to an extent prejudicial to animal and vegetable life.

"Agreeably to this view, cholera may be referred to the altered ELECTRIC conditions of the atmosphere. New susceptibilities of the animal system are created—a predisposition to a particular species [form] of derangement."

"According to the hypothesis *here* proposed, which whether true or false, would refer the *predisposition* primarily to the existence of peculiar *electric conditions*, there is comparatively little difficulty in offering a rational explanation of the

being one thing with one person, another thing with another.' 'While in India I had many opportunities of witnessing epidemic diseases, particularly cholera, dysentery, bilious remittent fever, and ophthalmia. When any one of these disorders predominated in a place, you scarcely ever had an instance of any other acute complaint among the regiments stationed in that particular place at the same period. The *form* was almost invariably determined by the *atmospheric* or *telluric* influence at work. The *immediate* causes were infinite."

"Whether this telluric influence is of itself sufficient to produce an attack of the disease or be *predisposing* only, I have my doubts. This much I am satisfied of, that while it prevails any other cause of disease may at once set it up. A slight debauch; excess of heat or cold, an emetic or a purge given for some other complaint, have appeared to me to be the immediately exciting causes; and in one case the prostration that followed a broken leg actually became Cholera Asphyxia! How much the passion of terror disposes to the disease, I have had many opportunities of observing."

occurrence of this appalling epidemic. Two things are necessary for its production—the *susceptibility* and a cause sufficient to disturb the balance of the vital powers.' 'Why then should we believe that a mysterious agent or principle is in any way concerned in the effect. One general cause of the susceptibility exists, and if this be developed in an exquisite degree by any of the circumstances specified or implied, the *slightest* imaginable cause, whether internal or external, will at once excite the formidable symptoms.

"There are many considerations, did our space permit us to pass them under review, that might be shown to strengthen this train of reasoning. The prevalence of diarrhœa, affecting more or less all classes of society, might be wielded with no less plausibility than power in support of the above conclusions. Such a symptom is a direct illustration of the peculiar susceptibility of the nervous system to derangement; and in what manner does this arise except from the modified *electric condition* of the *objects* around us?"

"These doctrines, Mr. Editor, are *one* and *identical*. Are they mine, or are they yours? If another's, name the author. It is quite clear from the mode in which you enunciate them—from the imposing name you bestow on them—the 'Philosophy of Epidemics'—you think them not altogether valueless. If that be so, you, sir, would appear to differ *toto cælo* from 'our reviewer'—from the

gentleman who in the *Medical Times*, nine months ago, in allusion to the title of my book, styled its matter 'the mysticism of the new apocalypse.' 'Our reviewer' thought to sting me when he predicted that no subsequent writer would take the trouble to *quote* me. Present him, if you please, with the accompanying copy of this same new apocalypse— '*Revelations on Cholera*, H. Long and Brother, *New York*,' recently published,—which will show him that he, if he be the author of your last Saturday's leader, is not the only person who has REPRINTED me.

"S. DICKSON."

"*Bolton Street*, 25*th September*, 1849.

To that letter the editor of the *Medical Times* was ashamed to give publicity. Not even my offer to pay for its insertion as an advertisement would bribe him to give it a place in his journal!

What is the proper treatment of Cholera Asphyxia?— Reader, what *can be* the proper treatment of a disease in which the *door* to medication is, in most instances, all but closed by the early paralysis of the *gastric* nerves! When the pneumo-gastric nerves are artificially paralyzed in the dog, not only does digestion immediately cease, but arsenic and some other poisons have not their usual effect on the paralyzed stomach! It is the same in the great majority of fatal cases of Cholera Asphyxia. Pills, powders, &c., after death in this disease, are usually found in an undigested state. The stomach in severe cases, then, soon becomes dead to the sustaining forces of food and medicine; while the lungs and blood are, at the same moment, prevented from receiving their proper *pabulum*—the atmospheric air. How humiliating the position of the ablest medical practitioner in such circumstances! The cholera patient has been graphically described as death-struck; his

disease in numerous instances, from its commencement to its close, is a mere death-*scene*! Before the sufferer can even be seen by a physician, his case is frequently hopeless. One thing is certain, if medicine is to cure him, it MUST BE QUICK!

The first resource of the healing art here should be a remedy having an instantaneous influence over the brain and nerves. Has *calomel* such an influence—calomel to which the practitioners of the East rush in all diseases? In the boasted calomel I have no faith as a remedy for cholera. If—as I flatter myself I have proved even to demonstration—the rapid dissolution of the patient in this disease, is caused by actual palsy of the nerves of respiration, why trust to a substance which can only act upon the body after a long and sustained use? Over these nerves calomel has no immediate power. If it be said, that it acts on the liver and other secretory organs, I answer by this question, What can be greater folly than to direct attention to mere secretory organs while the patient is sinking, not from the abundance or suppression of any secretion whatever, but from actual *suffocation* caused by palsy of the respiratory nerves! I have witnessed fatal cases of Cholera where the patient laboured under *salivation from calomel* at the *time of attack*; and that too so frequently, that I have no doubt the salivation in those cases predisposed the patient to the disease! Calomel a cure for cholera!—calomel which, whatever else it may do, never fails to depress the vital energy of every part of the economy. He trusts to a reed who talks of calomel at such a time!

To what medicinal agency, then, ought the physician at once to resort when called to a case of cholera? There are two substances in the *Materia Medica* which claim a preference over all others, where rapidity of action is

desirable, namely—Choloform, and Hydrocyanic Acid. That these two remedies, though necessarily administered after different fashions, have each a direct influence on the mainspring of all sensation and all motion—the Brain, no sane man will deny. There is no nerve in the body, and consequently no organ of the body, which, both the one and the other may not almost instantaneously touch.

Many years have now elapsed since I first determined to try chloroform and hydrocyanic acid in the treatment of cholera; and so favorable were the results I obtained from both remedies, that in my *Revelations on Cholera*, I strongly advised their more extensive adoption in that disease. Nothwithstanding the ban placed by the editor of the *Medical Times* on what he was pleased to term "the mysticism of the new apocalypse" the remedies therein so pressingly recommended have been since administered in cholera by other medical men with the most decided success. Another proof—if such were needed—of the correctness of my theory—that cholera is a disease of the brain and nerves, and not as the doctors fancy, a mere complaint of the stomach and bowels.

With Chloroform anæsthetically used, I have in various cases all but instantaneously arrested the whole train of choleraic symptoms. The following case—a case of indubitable cholera,—was the first in which I tried chloroform. A lady was suddenly taken ill of the disorder while at the Opera. She was put into a cab by her friends and hurried to her home in Montague Square, where, a few minutes after her arrival, I found her in a most deplorable state. In addition to constant vomiting and purging, she had excruciating cramps of the abdomen and limbs. The moment I placed her under the influence of chloroform she fell asleep; and she had no return of the vomiting, cramps,

or purging, when she woke up. Just one month after the publication of that case, chloroform was tried by the medical officers of the Peckham Asylum with the greatest success—eleven out of twelve cholera patients recovering;—that I think was the result; but I speak from memory.

To the value of Hydrocyanic Acid as a choleraic remedy, I may here give the evidence of Dr. Downing, a gentleman who for some years practised in London, but who has since, I believe, emigrated to one of the colonies. At a meeting of the Medical Society of London, held 12th November, 1849, and reported in the *Medical Times* of the same month and year, Dr. Downing "suggested that a more extensive trial should be made of Hydrocyanic Acid, as he had observed the best effects to follow its use in certain cases. He had administered Scheele's acid in doses of two or three drops every hour or half hour in extreme collapse, with manifest advantage. Mr. Shea, of the Blackfriars-road, had tried the remedy at Dr. Downing's suggestion, in more than *one hundred* cases of cholera during the recent epidemic; and, in a letter which was read, stated his conviction that it was *superior to anything* that he had ever before employed. He had given it to *children* as young as *nine months* old, with excellent effect, and he had never in any case found prejudicial effects follow its use."

The above testimony to the value of a remedy for cholera, first, I believe, recommended by myself for that disease, is taken as the reader has seen from the *Medical Times*, the Editor of which, after a vain attempt to stifle the truths of my book, meanly stole a portion of its matter to make up a leading article, on the "Philosophy of Epidemics," for his own periodical!

CHAPTER IV.

Pass we now to Ague the Type of all Disease. Upwards of thirty years ago, while pursuing my researches on Cholera, I discovered a remarkable similarity between the symptoms of that disorder and the symptoms of the cold stage of Ague. Even at that early period, I could not doubt that "Cholera is an extreme case of Ague." This I pointed out at the time to my medical friends; and I also drew their attention to its resemblence to the Plague, which I have elsewhere shewn commences precisely in the manner of an Intermittent Fever..

I will now show the analogy subsisting between Ague and Cholera. In both diseases the body in the first place becomes cold all over. Tremulous and spasmodic action usher in each. In each for the most part there is premonitory nausea. The ague patient, in severe cases, has vomiting occasionally; not unfrequently he has diarrhœa. The pulse is small, and quick in both diseases. Oppression of breathing—differing only in degree, is common to each. The increased flow and pellucid appearance of the renal secretion so frequent in ague, are sometimes witnessed in cholera. Suppression of that secretion, a symptom so remarkable in the greater number of cases of the Epidemic disease, was very often a symptom of the Walcheren ague. When there is no reaction—no return of warmth—death is preceded by a similar stupor in both complaints. If you have ague with a hot skin and bounding pulse, so also have you occasional cases of cholera, where the pulse of the patient is tumultuous and the skin is in a similarly burning state. In this form of the cholera,—which the doctors by the way call *cholera mitior*,—the respiratory nerves are not in the least involved—hence its freedom from danger. When

not fatal, cholera like ague has a hot and sweating state. Lastly, where ague terminates life without reaction, dissection shews the same loaded and engorged state of the internal viscera. Organic changes, including decomposition of all kinds, are among the sequelæ of both. This analogy once perceived, I now for the first time began to study my profession, in the right place, the HOSPITAL, on the right subject—LIVING MAN. From that moment, I despised the physic of that "best school of medical education—the dead house!"

We have seen the periodic order of the body of the living pathetic man in his Health or Wholth—the periodic order also of its organic and other movements, minor as well as major, in detail. We have now to speak of the PERIODIC ORDER of its DIS-ORDER; for in Disease as in Health the body is still a chronometrical machine. It is therefore a chronometrical repeater, whether in its paroxysm and remissions, or in its minor movements. This phenomenon of repetition may be observed in ALL diseases whatever their cause. In the schools, so far from being regarded as a law of of all vitality, periodic repetition was until recently held to be a phenomenon incidental to the paroxysm and remission of AGUE only! Or, if periodicity could be occasionally detected in the paroxysms and remissions of any other complaint than ague, it could only, forsooth! have been the effect of that only cause of ALL periodicity "marsh-miasma!" Truly men have eyes, and they see not. How well I remember at my examination before the Army Medical Board, the approving smile on the faces of my Examiners, when to the question of "What is the CAUSE of FEVER?" I replied, "marsh-miasma!" FEVER that may be produced by any one of a million agencies in nature,—I then, in common with my Examiners, believed could be produced

by one cause only; and that one, a goblin of the dark—marsh-miasma! Parrot-like, however, I replied by this figment of the schools, precisely as in the schools I had been taught to prate it. Every candidate for a commission and a red coat was then expected to give the same reply.

What a wonderful disease would I say to myself is this ague. To come on every alternate day at the same hour of the clock, and after each repetition of the same order of phenomena to give the patient once more his regular diurnal respite! It never occurred to me then, how periodic and intermittent are every one of the movements of the body in Health. Taught in the schools to look upon the "proximate cause" of all disease as a something fixed to be "expelled" or "removed," instead of a dis-order to be rectified, I was continually speculating about ague and that only cause of ague, "marsh-miasma!" What can this marsh-miasma be about on the intervening day or days,—on the day or days when the patient is himself again? Where does it hide itself? Does marsh-miasma sleep and wake like the body! Scores and scores of times had I seen ague successfully treated with bark—with arsenic—with opium even; but what did I know of the mode of action of these? Then, had not this very ague been cured with spider-web—moss from the dead man's skull—the snuff of a candle-wick—rattlesnake broth—terror—surprise—passions and poisons—charms and incantations! How did these act? Nobody could tell me; but few men of any experience doubted the efficacy of everything or anything as a cure for ague! Ague—what is it? Intermittent Fever. Yes—but what is its nature?—"Inflammation, or something very like it,—congestion at all events." Where? Oh! in the spinal marrow—or in the abdominal viscera. Indeed! then spider-web can cure inflammation

or something very like it—congestion at all events—in the spinal marrow or abdominal viscera! If so, why not try the effect of spider-web in other real or imaginary congestions of any other part of the body? What after all did I or anybody else know of fever and ague then?—As much as the profession knew—all that was then taught by the most learned professors of the so-called first medical school in the world, Edinburgh. The Art of Healing according to these professors was then taught in Edinburgh only. The following,—one of several letters I have from from time to time received from that quarter—would rather appear to contradict this pleasant belief of the learned Edinburgh professors.

"Sir,—Excuse this address from a perfect stranger, who would only presume upon acquaintance with you through your invaluable writings. I am a student of medicine *here*, on the eve of graduation. I commenced study with an implicit reliance on the authority and wisdom of my teachers. That blind confidence continued for a couple of years, when doubt and mistrust began (almost imperceptibly at first) to insinuate themselves. An entrance once obtained, they, wedge-like, continued progressively to widen the chasm, until at the commencement of the final Session, I became a thorough sceptic,—believing in the pathology of nothing almost, save the very simple one of the *modus operandi* of steel, surgically considered!

"For the last six months, I have been floating about like a bit of sea-weed, on the waves of this man's opinions, and that man's opinions, now casting a glance at Hydropathy, now at Homœopathy—finding, of course, little good and much nonsense in both;—and I had come to the conclusion either to cut the profession—or, putting conscience altogether aside, to attach myself another parasitic fungus

to the rotten tree of routine physic. I have been spared both alternatives. By the merest chance, I stumbled upon your work, *The Fallacies of the Faculty*. From that hour my eyes were opened—dazzled a little at first, but the pupils soon became habituated. Instead of floating about on the foam of men's day-dreams, I have now got a rock to cling to, with a broad and firm basis. Oh, Sir, if you knew how I devoured your book, how I read and re-read it, how I gloated and revelled in it!

"I am in the Out-practice of the Royal Dispensary here, and *wherever I dared*, I have put your system into practice. Pleurisy, typhus fever, hemiplegia, and infantile remittent fever,—Hydra-headed in its developments of croup, hydrocephalus, diarrhœa, &c.—I have been fortunate enough in curing with the chrono-thermal remedies.

"Again, hoping you will pardon this letter from a stranger. I am, Sir, your obedient Servant,

"*Edinburgh, May* 16, 1849. "James A. Wilson.

"Dr. Dickson, Bolton Street, London."

Return we to Ague. Do the Scotch professors know more of this disease now than they knew five-and-thirty years ago? Judging by what I can learn of their present teaching, they know just as much of its *rationale* now, as the Peruvian peasant knew when he accidentally cured himself of the ague, by drinking water from a well in which there happened to be some branches of the cinchona tree! The very order of the disorder would appear to be still as inexplicable to them as it was to me in those student days of mine. How do these professors account for the changes which the disease so often undergoes? Intermittent fever, as everybody knows, frequently changes into "*remittent* fever,—into fever where the *intermissions* are shorter and less marked; and sometimes, as few know, it changes into

"*continued* fever"—fever, where some physicians pretend these shorter intermissions or remisssions may not be traced; —a mistake!—for remission may be detected in all.

How the teeth chatter on the access of Intermittent Fever! how the muscles tremble, and how cold and pale the face becomes; the pulse all the while being small, quick, and feeble. Now, mark the change;—there is agitation and trembling still, but the brow and cheek are burning, and the heart is in tumultuous beat. Another change;—the man breaks into a sweat all over, in which he is prostrate and exhausted. When this state terminates, he has passed through the three stages of ague—the cold, the hot, the sweating. There is then an intermission of a day or days. Comparatively speaking he is well; but not *so* well as before he was attacked with the ague. Even during this *intermission*, he is depressed to a certain extent in all his feelings and functions. If not cured, fresh repetitions of the disease are followed by enlargement of the spleen, liver, &c., which wear the patient to the bone.

I have already shewn the analogy subsisting between Cholera and Ague. The ague-patient sometimes dies of the first cold fit. In that case, not only are his symptoms more closely allied to the symptoms of cholera, but the appearances witnessed on the dissection of his body, are as nearly as possible the same as in the case of those who die of that disease. His internal viscera are all empurpled and congested. As in the case of ague too, the END was for a long time mistaken for the BEGINNING here. We must bleed, practitioners would say, to remove the cause of ague —congestion. It never occurred to them that congestion was the *effect* of diminished nervous influence,—the effect, in truth, of simple prostration!

You may have the same congestion after a shock from

fear. After a stun or sudden fall too, the patient in general becomes cold and pale all over. Where does the blood, which in both instances so suddenly quits the face and other outward parts, go to then? To the viscera within, of course! Congestion never was the cause of any disease whatever. It is the too common effect of any sudden nervous wrong. If you open the body of a person who has died of a fainting fit—even when produced by loss of blood,—you will find congestion of the internal viscera! Ague, like fear and faint then, is a disease of the brain and nerves. Upon no other theory can its cure, whether by Bark or otherwise, be explained. The study of the sequelæ of Fever — of the "lesions," which, during repeated attacks take place in the various organs and tissues, whether in Intermittent or Remittent Fever, or in the contagious fevers,—small-pox, and the like,—taught me, that every kind of so-called "local" disease may be developed in the course of *any* fever. During repeated attacks of the various fevers of small-pox, scarlet fever, measles, &c., as during repeated paroxysms of the simple Intermittent Fever,—inflammatory affections, and decompositions of each and all the various organs within the skull, chest, abdomen, and so forth may be developed. So also may inflammations and decompositions of the various outward parts —skin, muscle, bone, joint, &c. Nay, every affection of nerve, blood-vessel, and so forth, too frequently supposed to be diseases of a mere locality simply, may be produced in the course of any febrile disorder of the body. How often during life have I witnessed, either in the fit of fever or after it, faint, epilepsy, apoplexy, delirium, spasm, asthma, jaundice, eruption. What symptom, in a word, that has received a medical denomination, have *I* not traced, to the fever-fit? And in which of the maladies wherefrom man can suffer or

be saved, have I not found periodicity, and intermittency of symptom!

The study of the Ague, to me, in the first instance so inexplicable, and the subsequent study of the mode of action of the Bark and the other agencies which have succeeded, not only in the cure of that disease, but in the cure of all the other thousand-and-one diseases to which mortals *are said* to be liable, led me to the discovery of the Unity of Disease. However it may have been cried down by those whose interests it affects, or by the multitude at large, who have ever joined in the cry against their common benefactor, that discovery hereafter, if not now, will be ackowledged to be one, that for grandeur of conception and magnitude of useful result to man, is excelled by none in the history of the whole Healing Art. The reader of Humboldt's "Kosmos," will there find the recognition of a principle, which, however much the author of the "Unity of Disease" may have been reviled for its prior enunciation, posterity will one day declare to be universal—the UNITY amid DIVERSITY that pervades ALL NATURE!

So far as the Diseases of Mankind are concerned, this principle admits but of few exceptions. The plagiarisms, as shall afterwards be seen, that have from time to time been made from the Unity of Disease, are no unimportant evidence to the truth of the doctrine; while the change that has already taken place in the practice of medicine, is the best refutation of the charge of quackery so unjustly brought against the author for its publication. Still, from the manner in which medical people even now talk of diseases, and the names of diseases, it might be fancied, they were talking of things as different from each other as dog, cat, horse, hare, &c. How frequently do you hear them say, "Oh, Dr. Such-a-one mistook the disease; it

was not this, it was not that, it was something else; but the curious thing is, after all their squabbling about the name, these same practitioners will treat the sick man, over whom they have been quarrelling, in much the same way as if they never had quarrelled about him at all! Did diseases really differ one from another as much as the laughing hyena differs from the hare or the hedgehog, why treat them after the same fashion!

In the discovery of the fact, that the various localisms which physicians for thousands of years have been classifying as so many distinct and separate complaints, are all in reality results or developments of *intermittent* attacks of general febrile disorder more or less frequently repeated, I have yet to learn that I have been anticipated by any author, ancient or modern. And deny it who choose, I care not what the "localism" may be that may most prominently arrest the eye of the patient or his physician, such localism,—if not produced by the direct application of chemical or mechanical means—will almost invariably be found to have been preceded by a general or partial chill, heat, and sweat; or in default of such sweat—in default of such morbid excess of the cutaneous secretion,—the attentive observer cannot fail to detect an increased flow from some other secretory organ—the liver or kidneys for example.

Whatever be the local annoyance—pain, numbness, or partial insensibility,—ask the patient if it ever remits; if a tumour, enquire whether it does or does not alter its volume; a discharge, if it be not more or less profuse on particular days. When to these questions you have got the reply in the affirmative, you will not be long in finding out that whether his disease be called scrofula, erysipelas, or anything else, the patient

either has, or has had, the symptoms, or shades of symptom, of Remittent or Intermittent Fever. If that general, disease then, be as quickly cured as it ought to be, the localism of which the patient complains, in ninety-nine cases out of the hundred, will require no local remedy whatever. In *individual* cases at least, the whole will vanish with a few grains of Quinine,—that essential principal of the bark,—or with one or more of the medicines which I have elsewhere shewn, can be employed as substitutes for the bark Does this prove Unity of Disease, or does it not? Could bark, steel, or any other medicine, cure *every* individual of any disease, it would make man immortal, so far as that disease is concerned; but this is impossible, for no medicine can cure the total "break-down" of old age. It is impossible in every case of *any* disease, from *diversity* of constitution,—impossible from the *duplex* power, which all medicinal forces possess over different bodies, in the matter of attraction and repulsion.

To the multiplication of the names of disease, we owe all that splitting of the Healing Art into so many separate provinces, which misleads people to believe that the various parts of their bodies, when diseased, must necessarily be treated by so many separate and distinct orders of practitioners. Instead of preparing himself for a philosophical comprehensiveness of practice, the medical man now-a-days takes to a particular speciality—in other words, he becomes a mere anatomical tinker!—Go to any one of your specialty doctors—and whatever be the complaint you suffer from, he will be sure to refer every symptom to his own particular specialty as the cause. With *Stethoscope, Test-tube* or *Speculum,* those ready instruments of quackery, he will not be long in finding out you have the identical "lesion" which suits him best to call the cause of all your other

symptoms! In one case, he will favour you with a list of every conceivable lesion of the heart and lungs. In a second, he will prate pseudo-science about the chemistry of the secretions. While in a third, he will tell you of engorgements and enlargements, of changes of position and misposition, of version and retroversion, diseases that never existed anywhere but in his own prurient imagination! Out of such imaginary ailments, however, he will find "items" of requirement and attendance that, for ingenuity and fertility of invention in the arts of hair-splitting and mystification, would beat all you have ever seen or heard of in the most complicated bills of costs that ever grew out of a Chancery suit. If the gentleman knows how to "nurse" such cases properly, he need never want for a full attendance of patients at his morning *levée;* many of them, indeed, will be annuities for life. To such practitioners the *Unity of Disease* must necessarily be one of the most repulsive of doctrines;—and accordingly you will find it particularly scouted by a set of people who assume to themselves the title of "Obstetricians" or "Ladies-doctors." Men of England! if you only knew what your wives and daughters needlessly experience at the hands of those creatures, your brows would burn with shame and indignation. How such quackery as these persons practice ever came to pollute our shores is one of the miracles of the time. A proper feeling in the minds of our women should have preserved them from the humiliation to which they have been subjected; while Englishmen of all ranks should have united long ere this, to expel from the land the vile quacks who first introduced the grossness and indecency of the Hospitals of Paris to the homes and hearths of our high-minded people!

There is an irresistible desire in the mind of every dis-

coverer, not only to give his discovery publicity, but to force it upon the conviction of the world at large. See what M. Guizot says in allusion to this in his *Histoire de la Civilization*:—

"Quand un changement moral s'opère dans l'homme, quand il acquiert une idée ou une faculté de plus; en un mot, quand il se développe individuellement, quel est le besoin qui s'empare de lui à l'instant même? C'est le besoin de faire passer son sentiment dans le monde extérieur, de réaliser au dehors sa pensée. Dès que l'homme acquiert quelque chose, dès que son être prend à ses propres yeux un nouveau développement, une valeur de plus; aussitôt, à ce développement, à cette valeur nouvelle, s'attache pour lui l'idée d'un MISSION; il se sent obligé, et poussé par son instinct, par une voix intérieure, à étendre, à faire dominer hors de lui le changement, l'amélioration qu'il se sent accomplis en lui. Les grands réformateurs, on ne les doit pas à une autre cause. Les grands hommes qui ont changé la face du monde, après s'être changés eux-mêmes, n'ont pas été poussés, gouvernés par un autre besoin."

An individual who feels himself so situated can only impose his own view of things on the minds of other men by addressing himself to their intelligence. He must print and publish. In the full belief that I had made a discovery of very great importance to mankind, I took that course accordingly. If a truthful narrative of the manner in which my discovery has, to a great extent, been since adopted by the profession, be displeasing to that learned body they have themselves to blame. Its more immediate consequences to myself will appear in their proper places.

CHAPTER V.

THE importance of the doctrine of the chronometrical nature of Life, whether in Health or Disease, may be now considered indisputable. To its authorship, there are already several pretenders, more or less direct. The claim to any invention or discovery can only be settled by the date of publication. It is therefore a matter of necessity, for the founder of the Chrono-thermal System of Medicine, to prove a *priority* in this respect beyond all possibility of contradiction;—the more especially, as the fact has become a question which involves the personal honor of more than one eminent member of the medical profession.

I might here adduce evidence, dating so far back as 1833, to prove

1. My claim to the discovery of the Periodicity or Chronometry of Life, both in Health and Disease;—and

2. My further claim to have initiated, in the teeth of great professional opposition, almost every beneficial change which has since been made in the Treatment of Disease.

But I will begin my exposition of facts with a detail of circumstances which took place three years later.

In 1836, I published the *Fallacy of Physic as taught in the Schools with New and Important Principles of Practice.* From that volume, I extract what follows:—

"Two physicians meet in consultation upon a case. Agreeing in their definition, they are at issue on the treatment; recommending remedies so opposite, the astonished patient is unable to comprehend a reason for such difference of practice. In another—while both may coincide in opinion as to the remedy, they will dispute about the name; each seizing upon the symptom that most prominently strikes his own eye, and baptizing the disease from a mere sign,

which possibly he may also look upon as the cause of the whole. There was a time we could have sympathized with the disputants. In the sequel we mean to show, that instead of many maladies, man, abstractedly speaking, is the victim of ONE only; and that this one, in the first instance, has no relation to organic change as a cause. A proposition so directly at variance with existing opinion will not be without opponents. Nevertheless, we hope to prove even to demonstration that Fever—*Remittent* or *Intermittent* (with its developments), comprehends every shape and shade which disorder can assume.

"That many cases of disorder have been observed to partake of the nature of Remittent Fever, and to derive benefit from the modes of treatment adapted to that PERIODIC DISTEMPER, we are sufficiently aware. But we have yet to learn that any author, ancient or modern, has detected that *type*, and advocated that *treatment*, in every shade and variety of disease.

"To understand the phenomena of Disease, the physician should first become acquainted with those of Health —technically termed Physiology.

"HEALTH.—The body in this state maintains an equable and medium temperature throughout; the voluntary and other muscles obey with alacrity the several necessities that call them into action. The mind neither sinks nor rises but upon great emergencies; the respiration easy and continuous, requires no hurried effort—no lengthened sigh. The heart is equal in its beats, and not easily disturbed; the appetite moderate and uniform. At their appointed time—[mark the chronometrical nature of life!]—the various secreting organs perform their office. The structure of the body, so far as bulk is concerned, remains unchanged; their possessor being neither cumbered with obesity nor wasted

to a shadow. His sensorium is neither painfully acute, nor morbidly apathetic. He preserves in this instance, as in all the others, a happy moderation. His sleep is tranquil, dreamless.

"What is DISEASE? Is it not a greater or less change in each of these? The Temperature of the body being in the first place deranged, the patient complains of partial or general heat or cold; his muscles, less under the control of their respective influences, become tremulous, spasmodic; —or wearied, palsied, the functions of particular muscles cease. The breathing is hurried on slight exertion; or it is maintained slowly and at intervals, and with a long occasional inspiration that scarcely makes up for interrupted pulmonary action. The heart is quick, palpitating—or languid and remittent in its bests; the appetite craving, capricious, or lost. The secretions are either hurried and increased in quantity, or sluggish, or suppressed; the body wastes, or becomes in part, or in whole, preternaturally tumid and bloated. Alive to the slightest stimulus, the patient is easily impassioned or depressed: his mind, comprehending in its various relations every shade of unreasonable sadness or gaiety, prodigality or cupidity, vacillation or pertinacity, suspicious caution, or too confident security; —with every colour of imagination, from highly intellectual conception to the dream-like vagaries of hallucination. His sensations are perceptibly diminished or increased. Light and sound, for example, confuse and distract him. Like the soft sybarite, a rose-leaf ruffles him. With the smallest increase of temperature, he becomes hot and uncomfortable, and feels chilled and shivery in the lightest breeze; or, as you sometimes behold him in extreme age or idiocy, equally insensible to excess of light, sound, heat, or cold. His sleep is broken, crowded with dreams, and easily

interrupted; or so perfectly lethargic it is difficult to rouse him.

"STRUCTURAL LESION, so frequently but erroneously associated with disease as a CAUSE, *is not even necessary to the production of* DISORDER. It is a phenomenon which may or may not arise in the course of a malady, according to the constitution of the individual.

"CAUSES.—The causes of disease are infinite. They affect the body principally from without,—*acting upon it in the first place through the different modifications of nervous perception.* Such, however, is *not* the doctrine of the schools.

"The study of morbid anatomy has given rise to a class of medical materialists, who, hoping to find the origin of every disorder made manifest by the scalpel, are ever mistaking effects for causes. Loth to believe that death can take place without even a palpable change of structure, these direct their attention to the minutiæ of the dead; and finding in their search some petty enlargement, some trifling engorgement,—or, it may be, some formidable tumour or abscess,—hastily set this down as the first *cause* of a disease *of which it was only a development.*

"Let those who have most assiduously engaged in this so-called branch of science tell us what has been the result of their labours. They will refer doubtless to change of every kind and character, and learnedly enter into the detail of each; but what advantages, can they shew us, has the study of these changes contributed to the healing art? May not these be fairly summed up in two lines of the poet's song,

> "Rich windows that exclude the light,
> And passages that lead to nothing!

"The earth, the air, the degrees of temperature, dryness or moisture of each; the nature and extent of our food

and drink; our various modes and means of obtaining these; with all the other changes and chances of our social and individual position—these are the elements to which we must look for the variations betwixt health aud disorder.

"Having alluded to the errors of the morbid anatomist, we may now glance at the doctrines of another class of exclusives; those who, with the quantity or quality of our food or air, associate every disorder. The late Mr. Abernethy, was an example of the first. To the stomach and bowels he invariably pointed as the cause of every disturbance. He forgot that a passion or a blow could alter the secretions of both. He ascribed the first link in the chain of causes to a feature which could only be improved by an agent affecting the Nervous System, *in which that and every other symptom could alone have their origin.*

"But what shall we say of those who attribute every disorder to the effect of malaria?—as if there could be no change in our constitution, independent of change of air. Man is not an isolated being. Without food and air he cannot exist; but his success in life, his reception from friend or foe, the state of his family or finances, will equally excite, depress, and disorder his various organs and functions, as a deprivation or depravity of the food he eats, or the air he breathes. An unexpected reverse of fortune, good or bad, may lay the foundation of many shades of disorder. Nay, we are not without examples of individuals who have instantaneously died from the sudden communication of either.

"Nature of Disease.—Let the physician carefully study outward parts, he will find no variation, not even the most minute, unaccompanied by constitutional disturbance; but the local derangement which principally attracts the eye, is a mere feature or symptom in common—never

the first [except from mechanical or chemical accidents] —though sometimes a *secondary* cause of general disorder. If a man wound his hand with a knife, and if he be at the same time in health, it will speedily heal by attention to temperature and position. Should the wound degenerate into an ulcer, that man must be chilly and heated by turns; you will find him more than usually anxious about trifles, with capricious appetites and dispositions: in a word, all his different functions varying at least a shade from those of health; some being diminished, others exalted; and the greater the variation, the worse the disease. Here your exclusive physicians would fix upon some internal organ as the cause of all this. One would patronize the stomach, another the liver; and *as these viscera cannot possibly be right where all is wrong*, it were strange if, by pressing and fingering, they do not compel their patient to acknowledge pain or tenderness in the particular organ which they maltreat the most, and consequently stigmatize as the most offending part! To this, and this only, directing attention, they will be at no loss, should their patient die, to find what each particularly desires. One will point out hepatic change, another gastric congestion. In the full enjoyment of his own opinion, each departs in triumph. Should the patient recover, the success of the treatment will again confirm each in his error. Blue pill, for example, has been administered: with the first it has indubitably improved the liver; the second maintains it has given tone to the stomach. Do physicians forget that this preparation can cure general disease—can arrest disorder arising solely from an external agent such as cold? Let them revolve the patient's symptoms, they will find he laboured under a complication of derangement, which some call one thing,

some another, but which I am perfectly content to term LOSS OF HEALTH:—or, if my reader will not be satisfied without a medical name,—FEVER, aye, and REMITTENT; for there is no state, morbid or otherwise, which can be said to be constantly and unremittingly present in the human body. What is LIFE but a series of alternations? In health man rests from his labour; he sleeps; he wakes to sleep again; his lungs now inspiring air, now expelling it; his heart successively dilating and contracting; his blood brightening in one set of vessels only again to darken in another; his food and drink nutritious one hour, to become excrementitious the next; in a word, all his appetites and necessities PERIODICALLY [*i.e.* chronometrically] alternating with each other. Nay, is not the sum total of our common lot a succession of petty joys and sorrows, hopes and fears? The very process by which we first come into the world, parturition, is a succession of pains and remissions.

"The phenomena of organized existence, like the chemical combinations of unorganized matter, *can only take place by means of change of temperature*. By moderate alternations of this, every action and appetite of animal life are regulated in health. Through its excessive increase or diminution only can disease be produced: in either case it is ALTERNATE or REMITTENT.

"The simplest form of disorder is a paroxysm of Ague, consisting of a well marked chill, heat and sweat; ALTERNATING with a comparative state of health. Repeated attacks seldom take place without the development of change in internal organs. *Formerly* structural lesions in these parts *were looked upon as causes*. [John Hunter, with all his acuteness, fell into this error when he said, 'We have Ague also from many *diseases of parts*; more especially of the liver, as also of the spleen, and from

induration of the mesenteric glands.'] A better pathology has set these down as features;—and it were well could we persuade our readers that similar *lesions in other diseases are* NOTHING MORE.

"Every individual, corporeally as well as mentally, has his weak point—his predisposition;—hereditary it may be, or accidentally acquired. Apply a given cause of disease, such as a sudden stun, cold, or distressing news [the brain in all being the *source* of hurt], and you will have a partial or general increase or decrease of temperature, with constitutional derangement, comprehending each shade or variation of function already enumerated,—of which you may take FEVER as the type or emblem,—and the weak point *in addition* will be developed. Confine this for the present to the vascular system. In one you will have epilepsy, apoplexy, bleeding at the nose; in another spitting of blood. A third complains of hepatic fulness, or hæmorhoids; a fourth of varicose veins of the limb degenerating into bleeding ulcer. In all these so-called different diseases, you have REMISSIONS; in the beginning REGULAR as to time, less so as the disease proceeds unchecked. Inquire of the patient in each, and he will tell you there is a time of the day when his head is clearer, when the bleeding from his nose ceases, when his breathing is easy, and his spitting of blood diminishes; when the liver or bowel no longer inconveniences him; when the varicose state of his limb becomes less tumid, less painful.

"Has not the maniac his lucid intervals—his remissions? Medical men constantly talk of madness and other disorders as if they were fixed states; they tell you they are curable or not, according to the cause; they look in the dead body for the causes of mania and epilepsy! If the cause were structural—fixed, could there be lucid in-

tervals—remissions? The man who has a lucid interval is curable; the epileptic, who at any period of the day or night enjoys a freedom from convulsion, may be equally susceptible of improvement from medical means. The routine treatment of both being essentially aggravant, these disorders have been pronounced hopeless; and a sceptic smile is the reward of the individual who tells you that in his hands, at least, they have ceased to be the *opprobria medicinæ*. ALL THESE SHADES OF DISEASE ARE VARIATIONS OF FEVER AND NOTHING MORE. The attentive observer will find general or partial increase or diminution of temperature to be the inseparable concomitant of all. I have repeatedly had cases of mania under my care; in none were these phenomena wanting, except during the lucid interval, when the temperature approached that of medium health.

"The same remark attaches to palpitation and temporary cessation of the *heart's* action; diseases constantly misunderstood, and as constantly maltreated. That bauble of Laennec—the stethoscope—which the reader will pardon me for holding in heterodox contempt, is of course employed. The very application of the instrument to the chest deranges the action of the lungs and heart; the patient's attention to the operation in most instances calling off the influence of the brain, by alarm or otherwise, from the functions of the body. The most extraordinary prognostics are consequently given—extraordinary if they did not, by the subsequent treatment, like prophecies, tend to verify themselves. Let the practitioner withdraw his eye for a time from a mere symptom; let him observe how other muscles of the individual seeking his assistance, palpitate at times as well as the heart, and act like that convulsively. Finding these symptoms to be remittent in every case, and complicated with others, all equally remit-

tent, would he still persist in his small bleedings, his repeated leechings, his purges,—measures of themselves sufficient for the production of the organic atrophy or hypertrophy he has, or fancies he has, detected? Would he not rather reflect with horror upon his past treatment, and endeavour, by another and a better practice, to enable his patient to escape the 'sudden death' to which he had in his mind's eye devoted him. How many a physician by such a prognostic has obtained unmerited credit for foresight and sagacity, while he only taught the patient's friends to be on the watch for an event he himself was materially contributing to hasten!

"The local disorder — I speak in the common acceptation of the word—*from* which physicians almost exclusively name the disease, and *to* which they almost as exclusively confine their attention, is a mere development in the course of the general disturbance. It is not the cause, but a feature; and, in the outset, seldom, though sometimes, deserving any serious attention in the treatment.

"Let the practitioner question the patient as to his symptoms, and he will find each shade and variation comprehended under our previous definition of DISEASE. He will find there is a time of the night or day in which every feature of the case becomes ameliorated, or the reverse, and this whether the disorder has been the result of *mechanical injury or of a viewless cause.* Even in the case of *poison*, this alternation or remission cannot fail to arrest the observing eye. Segalas d'Echepare, in his experiments, found that, 'if the quantity of the poison injected into the vessels be moderate, the *tetanus* excited by it is to a certain degree intermittent. It appears and disappears alternately for some time.' Alternation is equally observed in the case of contagious poison, small pox for

example, as every physician knows; and in syphilis, where the nodes, &c., are remarked to increase with every successive nocturnal paroxysm.

"MODE OF CURE.—Whatever will prevent the recurrence of the changes of temperature—the chill, the heat—which precede or accompany all, WILL IMPROVE THE STATE OF THE PATIENT IN THE WHOLE.

"Turn over the records of the profession, and mark well the remedies upon which physicians dilate as most useful in any form of disease, you will find them to be one and all agents having a greater or less control over the paroxysm of Intermittent Fever,—the type of all; for every disease is comparatively remittent even to its close, though the defective observer will come to a different conclusion. Take any one of these remedies, Quinine, for example,—in how many diseases has not this drug been found useful? Let us not dwell on our own practice, but give the evidence of the celebrated CULLEN upon this one substance, —or rather upon the Peruvian Bark, of which it forms the active ingredient. Does he not bear testimony to its value in cancer, scrofulous tumours of the glands, lepra, and other cutaneous disorders, as well as in alterations of the osseous system, and in gangrene? He speaks with praise of its beneficial influence as a diaphoretic and diuretic, and extols its use in asthma and other spasms, in gout, dysentery, and rheumatism. He alludes to cases of constitutional bleeding where it has proved useful, and admits it to be advantageous in the treatment of small-pox. Question the various subjects of these various shades of disease, and all will admit that, previous to any local change, they suffered from partial or general heats and chills; and that throughout the whole disorder, they have experienced remissions and recurrences of these variations of temperature.

"For myself, I know not a form of disease in which I have not found Quinine useful;—and I know not one, where not only has it failed to accomplish my intentions, but where it has actually aggravated the existing symptoms. From iron, silver, arsenic, and a host of other remedies, I have obtained similar results. The action of these substances upon the constitution differs in nothing from that of Quinine in remittent fever,—of which every disease, as we have seen, is but a variation. The remedy that may prove successful in nineteen successive cases may aggravate the symptoms of the twentieth. Nor is this from any difference of cause or shade, but from the PECULIAR CONSTITUTION of the subject.

"BLOOD-LETTING.—If medicine with one class of practitioners simply consists in the art of purging, it may, from what we are daily compelled to witness in the practice of others, be not inaptly termed the sanguinary science;—every means being resorted to in the mode of abstracting blood, from venesection, arteriotomy, and cupping, to the filthy practice of *anal* leeching;—a subject that may suggest to future Molieres and Montaignes additional pleasantries at the expense of a profession, which, by such degrading displays, has assuredly not increased its claim to deference or respect in the eyes of the public.

"My previous observations on the nature of disease may have already prepared the reader to anticipate no very favourable view of blood-letting at my hands. He will consequently receive with less surprise the information, that, in the course of a very extensive practice, I have not, for some years, even once ordered the abstraction of blood in any manner,—nor have I had cause to regret the circumstance; for since I dropped the practice, I have met with

a success in the treatment of disease, of which I never had a previous conception.

"Of what is the body composed? Is it not of blood, and blood only? What fills up the excavation of an ulcer or an abscess? What reproduces the bone of the leg or thigh after it has been thrown off dead in nearly all its length?—What but the blood, under the influence of the brain and nerves! How does the slaughtered animal die? —Of loss of blood solely. Is not the blood, then, in the impressive language of scripture 'the life of the flesh?' What! I shall be asked—do we not daily see people bled to fainting for the simplest diseases, and the operation entrusted to the merest tyros, who scruple not to employ it with heroic perseverance in every disorder from infancy to age! Whether from the facility with which it may be had recourse to, or the something of tragic with which even so simple an operation becomes invested in the eyes of ignorance and empiricism, no remedial means has been more fearfully abused than venesection. Had not custom—scientific custom—pronounced the abstraction of blood to be the first of remedies, I should not, perhaps, have now entered at any length in my cautions against it.

"Let us investigate the subject in detail: let us see if we have no substitute for this diminution of the material of life. The causes of disease being infinite, not less infinite are the modes of its cure. Blood-letting can produce every disease—shall I except small-pox, and a few specific contagions?—with which humanity can be afflicted. For many proofs of this I might refer to authors. The great Hunter, for example, mentions lock-jaw and dropsy; Broussais, *Fever* and convulsions;—but I rather choose to refer to what I have myself witnessed;—and in these *sanguinary times** my readers will have ample opportunity of

Remember all this was printed in 1836.

testing my assertions. The chill shiver of ague; the burning heat of fever; the hollow eye and irritable stomach of cholera; the spasm of epilepsy and lock-jaw; the pains of rheumatism; the palpitating and tumultuous heart, with delirium and mania; every species of palsy—these, all these have I known to proceed from loss of blood. If blood-letting has been lauded in their treatment, what remedy has not been equally praised? Like every other curative means, blood-letting can only act by altering the temperature of the subject of it. You have, it is true, theories innumerable as to its mode of action; but 'to this complexion it must come at last,' the equalization and moderation of temperature. In the so-called congestive and non-congestive stages of fever—the cold, the hot, the sweating—the lancet has had its advocates. Blood-letting assuredly can produce healthy temperature; Why, then, object to its use? Simply because we have an infinity of remedies possessing an influence equally curative, without being attended with the insuperable disadvantage of diminishing the material of life. I deny not its power as a remedy in certain cases; but I question its claim to precedence even in these. Resorted to under the most favourable circumstances, its success is anything but certain; and its failure involves consequences which the untoward administration of other remedies may not so surely produce. How often do you find the patient you have bled in the morning ere night with every symptom in aggravation. Again you resort to the lancet; but the relief is as transitory as before. True, you may repeat the operation, and so go on until you bleed him from life. Venesection, then, in the greater number of cases, is a temporary, but *delusive* relief. The general result is *vital depression, with diminution of the corporeal force.*

"It matters little what agent may have been the primary cause of disorder; the first effect is general or partial change of temperature, with a greater or less interruption to the two great vital processes, digestion and respiration; in other words, there is a stop to *sanguification* or the further creation of blood. Take the influence of a passion for example, such as fear. Does not our breathing immediately become difficult, and our appetite fail us? Shakspeare, who had no theory to support, makes Henry VIII. when surprising Wolsey with the proofs of his treachery, exclaim,

> "Read o'er this;
> And, after this: and then to breakfast, with
> What appetite you have.

"The first effect of disorder, then, being cessation of sanguification, let us beware how we employ a remedy, which, if it succeed not in restoring healthy temperature, inevitably hastens the fatal catastrophe; or in default of that, produces those low chronic fevers, which, under the name of dyspepsia, hypochondria, hysteria, and a hundred other foolish terms, the best devised means too often fail to alleviate, far less to cure.

"That the lancet and the leech may give a *temporary* relief to local fulness of blood, and to the attendant symptoms, I admit; but such symptoms in numerous cases return *periodically*, and in an aggravated form—aggravated because the general health has been deteriorated by the depletion. The relief is like that given to the drunkard by the glass of brandy. His sinking and suicidal feelings are alleviated for a time by the fillip, but on the morrow they are aggravated by the repetition!

"Whatever will so act upon the nerves as to preserve or restore the healthy or medium temperature, will conduce to the proper action of a whole or a part. I care not

whether you take inflammation of the brain, liver, heart, or joints; if you bleed, you seldom ever do more than give temporary relief at the expense of a constitutional loss. You may empty a lake, but if the stream be again permitted to feed it, and you do not break down the embankment which allows its waters again to accumulate, your labour will be vain;—vain also will be the effort to cure a disease, if you do not alter the morbid condition of the nerves upon which local obstruction and consequent fulness of blood alone depend. How, then, is that to be done? Simply by attention to temperature; and this from the employment of remedies either internal or external.

"But the man of routine, giving up Fever perhaps, and a few other disorders, which the occasional obstinacy of a refractory patient has reluctantly taught him may yield to other means than blood-letting, will ask me what I should do without the lancet in Apoplexy? Here the patient having no will of his own, and the prejudices of his friends being all in favour of blood-letting, the school-bound member of the profession has seldom an opportunity of opening his eyes. Mine were opened by observing the want of success attending the sanguinary mode of treatment. Was that not a reason for change of practice? Having in my military hospital no prejudices to combat, and, observing the flushed and *hot* state of the patient, particularly about the head, I determined to try *cold affusion*. The result was beyond my expectations. The first patient was laid out all his length, and cold water poured on his head from a height. After a few ablutions he staggered to his feet, stared wildly around him, and walked to the hospital, where a smart purge brought him rapidly round.*

* Since I settled down in private practice, I have substituted arsenic or quinine for the purge. Occasionally I give an emetic.

In the army I had a sufficiently extensive field for my experiments, and I seldom afterwards lost an apoplectic patient. But the routinist—sceptical still perhaps—will again demand how inflammation—that bugbear, by the way, of the old women of either sex—of the chest or lungs is to be conquered without the lancet? What is *inflammation?* The word signifies fire—flame. It is a metaphor merely. It means nothing more than a high temperature of a part. Medical men include pain, redness, enlargement, but still retain the term when one or other may be absent. Allowing them to be all present, are we to be told at this time of day that the application of cold to the affected part has no beneficial influence over it; or that no internal remedy can arrest it? For what, then, do we prescribe mercury for inflamed liver and bowels? Why do we give colchicum in inflamed joints,—in gout and rheumatism? Do not these remedies effectively lessen the temperature, pain, and change of volume in these inflammations? Why, then, may we not have a medicine that will do the same in the lungs? If I can show that the Materia Medica contains substances which in a healthy man can produce all the [supposed beneficial] effects of blood-letting without diminishing the material of his existence, the routinist may so far relax from his scepticism as to admit the *possibility* of the fact at least. Chemistry of late years has introduced to us many substances having this power—the most prominent of which is Prussic Acid. But here I shall be told, doubtless, of the danger of such a remedy in any but skilful hands;—and what remedial means, may I ask, has not, in the hands of the ignorant and injudicious, proved not only dangerous but *deadly?* Has not mercury done so? Is opium guiltless? How many have fallen victims to the lancet alone! Let us *use*, not abuse, prussic acid. Properly diluted and combined, I have saved with it

the infant at the breast from the threatened suffocation of croup. I have known it instantaneously give relief in pneunomia, where the previous pain and difficulty of breathing were only expected to terminate in death; and in an equally brief space of time have I subdued, by the same medicine, the hypochondria of years, for which the subject of it had all but sought a remedy in suicide.

"But will the inflamed heart yield to other means than blood-letting? Fearlessly I answer—yes;—and with much more certainty. With prussic acid, nitrate of silver, &c., I have conquered inflammations of the heart, that the abstraction of half the blood in the body would not have cured. Dr. Fosbroke, physician to the Ross Dispensary, to whose talents and acquirements even his enemies bear witness, has given cases of this kind in the *Lancet;* and with a rare candour has admitted, that a lecture of mine on the heart and circulation, had no small influence in leading him to dismiss blood-letting in the treatment of them.

"The human mind does not easily turn from errors, with which, by early education, it has been long imbued; and men, grey with years and practice, seldom question a custom that, fortunately for them at least, has fallen in with the prejudices of their times. For myself, it was only step by step, and that slowly, that I came to abandon the lancet altogether in the treatment of disease.

"Enter the crowded hospital—you will see the marks of blood on nearly every bed; and from whom drawn? from the ill-fed artisan, and the starved labourer, whose diseases, in an immense majority of instances, have been the result of defective nutrition and vitiated air; nay, as if this were not enough, a wretched ptisan even here supplies the place of wholesome food; and only when life reaches its

ast flicker is the then useless wine administered with hesitating hand.

"This is no picture of the imagination; the attentive observer may witness it daily in almost every hospital. No longer, it is true, do physicians shut up, as they once did, the doors and windows of their fever wards. No longer do they ruin their patient's constitution with mercury for diseases which they now know yield to the simplest remedies. But so deeply rooted are even the popular prejudices in favour of blood-letting, it will be long before such a reaction can take place in medical practice, as to render any reasoning of mine against it of material avail to suffering man. This much, however, I may be allowed to hope, that my readers will not, on every trifling occasion, order their patient's arm to be bared to the lancet; and even in more serious disorder turn over in their minds the possibility of at least a safer and less debilitating cure.

"I have already confessed, that I have not always had this horror of blood-letting. In many instances have I formerly used the lancet, where a cure in my present state of knowledge could have been effected without; but this was in my noviciate; influenced by others, and without correct data to think for myself. In the army hospitals I had opportunities of studying disease, both at home and abroad. There I saw the fine tall soldier on his first admission bled to a relief of a symptom or to fainting,—in other words, to all but death. Primary symptoms were of course got over; but once having entered the hospital walls, I found that soldier's face become familiar to me. Seldom did his pale countenance recover its former healthy character. He became the victim of consumption, dropsy, dysentery, or death. His constitution was broken by the first depletory measures to which he had been subjected.

"Such instances, too numerous to escape my observation, naturally led me to ask—Can this be the proper practice? It was assuredly the practice of others,—of all. Could all be wrong? Reflection taught me that men seldom act for themselves, but for the most part take a tone or bias from some individual master.'

"By education most have been misled,
So they believe—because they were so bred.

"I had the boldness to think for myself, aye and to act; and my conviction, gained from much and extensive experience is, that all diseases may be sucessfully treated without loss of blood; and that blood-letting, however put in practice, though it give a temporary relief, almost invariably deteriorates the health of the patient.

"To the veteran practitioners of physic, I do not look for a ready acquiescence in my views. Like Sangrado, their great prototype, they will be more apt to fulminate their wrath on the professional innovator who makes the whole art of physic consist 'à savoir preparer des drogues chimiques, le kermès et l'emétique.' The fate of Harvey is before me. How the important discovery of the circulation of the blood was first received by the seniors of the profession, every physician is acquainted. Its author they styled in derision the *circulator*—a term in its original Latin signifying quack;—and, rivals in practice, they failed not to profit for a time by the cloud with which they contrived to envelope his immortal labours. The reception which may await the present humble endeavour to stop the fashionable waste of the living current—that current without which life is not, but which has nevertheless been so frequently looked upon as the source of every sin in the constitution,—I know not; nor am I sensitively solicitous regarding it. The novelty of a medical man

presuming to anathematise measures, which the fathers of physic have reverenced for ages, may possibly affect his practice; but the intrepidity of the avowal will show one of two things;—either how little he fears his professional brethren, or that he gives them credit for a candour which the illustrious Harvey failed to experience from the illiberality of his."

This much from my publication of 1836—a publication printed twenty-seven years ago!

CHAPTER VII.

In 1838, for the further extension of the doctrines which appear in the preceding pages, I gave to the world *The Unity of Disease.* From that volume I make the following series of extracts:—

"'All diseases,' Hippocrates says, 'have a resemblance in their form, invasion, march, and decline.' Far from being a fanciful analogy, this similitude when rigidly scrutinised, will be found to resolve itself into a perfect unity of symptom; one man's disease differing from that of another only in the general constitutional shade; or in the mere difference of organisation of the tissue, which shall show the greatest tendency to general or partial decomposition in its course.

"When treating of the phenomena constituting health, we took occasion to call the attention of the reader to the periodic action and rest exhibited in their diurnal and other revolutions. The body under disease exhibits revolutions analogous to those in health—it shows a similar tendency to alternate motion and repose; for periods more or less regular mark the approach, duration, and interval of recurrence of each of the morbid phases. These revolu-

tions, in the language of the schools, are termed the *paroxysm* and *remission;* but so far from having been recognised as a law of universal occurrence, PERIODICITY has been vaguely supposed to stamp the disorders in which it has not been overlooked as the exclusive offspring of a malarious or miasmatic atmosphere. The word AGUE, synonymous with INTERMITTENT FEVER, is the phrase which popularly embraces all diseases in *which the patients have chills and heats with periodic exemption from both.* We shall, in the sequel, establish that no disorder, however named or caused, is deficient in either of these respects; that, in a word, there is no morbid state that is not preceded or accompanied by alternations of temperature, or that does not exhibit remissions and paroxysms of a more or less periodic kind throughout its course.

"In the succession of phenomena which indicate intermittent fever, the philosophic physician will readily detect the type of that unity of action, which we hope to demonstrate, pervades all the various shades of human disease. The ague-patient, as everybody knows, has, among other symptoms, a chill, heat, and sweat, alternating with a comparative state of health. During the paroxysm all or nearly all the various functions of the body are disordered. The ascertainable temperature is one hour deficient, another raised above the healthy standard. The muscles become tremulous or spasmodic, the secretions increased or decreased, the mental powers depressed or deliriously exalted. Of such morbid variations, you may have many shades.

"The following case exemplifies some of the less common phenomena:—'Miss * * *, aged *nineteen*, had bathed a few times, about a month before in a cold spring, and was always much indisposed after it. She was seized with

sickness and cold shuddering, with very quick pulse, which was succeeded by a violent hot fit. During the *next* cold paroxysm she had a convulsion fit, and *after that* symptoms of *insanity*, so as to strike and bite the attendants, and to speak furious language.'—*Darwin.* Nobody, I presume, will attribute the lady's disease to *marsh-miasma;* yet, here we have most of the characteristics of ague, including *remission* and *exacerbation*, with MANIA superadded.

"The next case is somewhat similar, though arising from another and very different cause:—'A young lady was about to be married to a gentleman who was accidentally killed on the evening before the morning on which the marriage was to have been solemnized. She became deranged and was confined to a lunatic asylum. The paroxysm made its attack every day at the same time, and continued several hours, but during the *remainder of the day* she appeared perfectly sane.'—*A. T. Thomson.* In this, a case illustrative of disease from the passions, we find the most perfect periodic remission and exacerbation. The narrator says nothing respecting temperature. Sir W. Ellis, whose great experience in maniacal cases, entitles him to credit, informs us that he seldom ever examined the head of a lunatic without finding the *temperature* greater than natural.

"A remarkable case of ague from the passions is briefly alluded to by Mr. Moore, in his Life of Lord Byron. Speaking of the poet's mother, he says—'So sadly characteristic was the close of the poor lady's life, that a fit of ague, brought on it is said by reading the upholsterer's bills, was the ultimate cause of her death!'

"Every experienced surgeon is aware of the constitutional effects of external injury. To say nothing of the

graver accidents and operations which occur in practice, how often has he been compelled to witness all the phenomena of ague, from the simple introduction of an instrument into the urethra. [I have elsewhere given a case of cholera from the same cause!]. The *fainting fit* which occasionally follows this bloodless operation, is an extreme shade of the cold stage; and the fever, or reaction, which for the most part succeeds it, is typical of the hot. Dr. Davis, in his account of the Walcheren ague, says, he has 'known paroxysms to come on with *syncope*, and a sudden debility that was really alarming.' A married lady, the mother of seven children, lately consulted me for fainting fits: she had one every second day at the same hour. Quinine, arsenic, hydrocyanic acid, all successively failed; musk at once effected a cure. 'The fevers (says Mr. Abernethy) produced by local disease [injury?] are the very identical fevers which physicians meet with where there is no external injury.' Is not this a sufficient admission of their intermittent nature? We shall, in the sequel, show that there is no fever without remission.

"The occurrence of remission and paroxysm in disease, so far from being exclusively connected with malaria or miasma, as a cause, is a UNIVERSAL LAW;—changes of temperature, passions, injuries, being equally followed by intermittent disorders; nay, the various poisons, whether vegetable or mineral—those very agents successfully employed in the treatment of intermittent fever,—are no exception to the rule. Speaking of these, Dr. A. T. Thomson observes,—'Some produce their effects in paroxysms; for example, strychnia and veratria. Some admit of *exacerbations* and *remissions*, namely, arsenious acid, [arsenic] which, indeed, sometimes even exhibits intermissions.' The tremors which arsenic occasionally excites,

are typical of the shiverings of ague,—the very disorder for which we so often successfully prescribe this mineral in practice! The agents of death, then, are the agents of life! *Similia similibus curantur.* So far, but no farther, the homœpathists are right.

"And now, when we are upon this subject, I shall take the liberty of making a passing remark upon the doctrines of Hahnemann. With this gentleman, 'diseases are the product of three evil principles only, *qui deturpant sanguinem*, namely, the psoric (vulgo itch), the syphilitic and the scrofulous.'* His remedies are aconite, gold, belladonna, &c. But these are only salutary, according to him, when prescribed in the minutest possible doses;—the milliouth, decillionth, and heaven knows what other infinitesimal proportion of a *grain* of aconite or belladonna, being an infallible remedy for the great proportion of human diseases! Can my readers, unless absolutely mystified by metaphysicks, require me to enter upon the serious refutation of such absurdities? How, even according to the very terms of the remaining part of the homœopathic doctrine—that portion, at least, which Hahnemann mistakenly arrogates as his own (*similia similibus*) can this professor expect to cure grave disease—disease proceeding from a grave agency—by the DISSIMILAR agency of infinitesimal physic! It is only in occasional and rare instances that severe disorder arises from (apparently) slight accidents —and where it has been cured under such *nugatory* treatment, the patient has recovered, either through the natural strength of his constitution, or the existing *faith*,—a powerful influence, as we have already shown,—which induced him to try the nostrum of the homœopathist.

"So far from Hahnemann having developed a NEW TRUTH,

* Quoted from a letter of Hahnemann, by Dr. Granville.

he has only *driven over* an old one! The doctrine 'like cures like,' may be found not only in the writings of some of the most ancient authors, but in the actual practice of the vulgar, time immemorial. It is merely a fragment of the great abstract law in medicine—a law which I do not remember to have seen elsewhere stated—ANY GIVEN POWER MAY [IN INDIVIDUAL CASES] CAUSE, CURE, AGGRAVATE, OR ALLEVIATE ANY GIVEN FORM OF DISEASE, ACCORDING TO THE DOSE OR DEGREE.*

"THE PASSIONS.—We have already, to a certain extent, demonstrated the influence of particular passions in the production of disease. We have further proved that the same morbid actions which we recognize under so many different names when arising from a blow or a poison may be equally the result of a mental impression. We have established their *absolute identity*, by curing them with the same agents! I care not what be the nature of the passion,—joy, grief, or fear,—the constitutional circle of actions is still the same. Thus, in all these different passions, as from palpable physical agency, the muscles may become tremulous, spasmodic, palsied,—respiration convulsive, or otherwise disturbed—and each and all of the secretions, more or less vitiated and varied. If we have ameliorated or cured the subjects of disease, originating in a mental impression, by physical means; so also does the History of Medicine present us with innumerable instances of the beneficial influence of these very passions in every kind of disorder, whatever may have been the nature of the primary cause.

* The doctrine of *similia similibus* was evidently quite familiar to Shakspeare.—*Vide* ROMEO AND JULIET—Act I., Scene II.—Hahnemann's notions on the subject are comparatively of a recent date. Their first appearance was in *Hufeland's Journal* in 1814.

"Few medical men will dispute the influence of a passion in the cure of ague. Mention any mental impression, such as faith, fear, grief, or joy, as having been successful in this affection, and they doubt it not; but superadd to the patient's state a palpable change of volume or structure, such as an ulcer or the King's-evil, and they smile in derision at the efficacy of a charm. Extremes in scepticism and credulity are disease. The healthy mind is ever open to conviction; and he who can believe that the Obi charm, or the magic of a monarch's touch, can so operate upon the brain and nerves, as to interrupt or avert the mutations of action and temperature constituting an ague fit, should pause before he denies their influence over an ulcer or a tumour, which can only be developed or removed by, or with, change of temperature. And no individual can possibly be the subject of any mental impression, without experiencing a chill or a heat, a tremor or a spasm, with a greater or less change in all the *atomic* relations of every organ, and consequently of every organic volume and secretion.*

"Baron Alibert gives the case of a Parisian lady of fortune, who had a large wen on the neck—a *goitre*, which, from its deformity, occasioned her much annoyance. That tumour, which had resisted every variety of medical treatment, disappeared during the Reign of Terror—a period when this lady, like many others of her rank, experienced the greatest mental agony and suspense. In my own experience, abscesses of considerable magnitude have been

* The following scrap appears as a quotation in the Life of Coleridge:—

'There's no philosopher but sees
That rage and fear are one disease,
Though that may burn and this may freeze,
They're both alike the AGUE!'

cured both by fear and joy. Few surgeons, in much practice, have been without the opportunity of satisfying themselves that purulent swellings may recede under the influence of fear. They have assured themselves of the presence of matter—they propose to open the tumour—the frightened patient begs another day, but on the morrow it has vanished! How is all this effected?" Sir H.. Davy has well answered the question:—'We cannot entertain a doubt (he says) but that *every change in our sensations and ideas* must be accompanied with some corresponding *change in the organic matter* of the body.' That change relates to motion and temperature.

"The effect of terror in removing the pain of gout and tooth-ache is so familiar to many who have suffered from either, that I only recall it to notice in this place, to induce people to pause before they ascribe the former disease to some mystical essence, or *humour;* or, in the latter, consent to the extraction of a tooth that in many instances might have been usefully preserved by the employment of well-directed constitutional remedies. With quinine, arsenic, &c., I have enabled many a sufferer from tooth-ache to escape the dexterity of the dentist. Far be it, however, from my intention, to condemn the operation of extraction in all circumstances;—the removal of a decayed tooth being, in many instances, followed by the same good consequences as the removal of a bullet or other extraneous body, when acting prejudicially on the whole corporeal frame,

"The influence of the mind in disease, is often powerfully exerted, in the case of the wounded of contending armies. The same description of injuries which heal with rapidity, when occurring in the persons of the victors, often prove intractable, or even fatal to the vanquished!

"Medical men, while they generally, but vaguely, profess their belief that the body may be influenced through the medium of the mind, have yet been slow to avail themselves of the passions in the cure of disease. Often, indeed, and not altogether disinterestedly, do many practitioners take advantage of their patients' fears against a too speedy recovery. Until the general practitioner can obtain a fairer and more equitable mode of remuneration for his services, than what he can procure by ordering and charging for unnecessary medicine [or the physician by making too frequent visits], it is vain to expect that he will put his patient's interests against his own, and cure him by the happier influence of mental impression. And, here let me observe, if some legislative enactment do not speedily rectify this among other medical abuses, I fear the profession of physic will shortly become one which a gentleman shall be ashamed to follow! Let our senators and legislators reflect for a moment on such a possibility. With their daily experience of human nature,—with their knowledge of the past history of men of every class and country,—let them imagine the consequences of medical practice being left entirely in the hands of interested tradesmen. The result of such a state of things will be (if it has not already taken place), that the petty doctor, like the petty lawyer, will be in less hurry to relieve the applicant for his assistance, than cunning in his mode of prolonging and turning the embarrassment of individuals to his own private pecuniary advantage.

"The late Dr. Parry, of Bath, alluding to men of this stamp, has the following remarks:—'A man shall be grossly ignorant of the whole science of medicine; yet, if he has a certain degree of assurance aided by an adequate number of fashionable phrases—some speciousness in decorating mystery, with a determined resolution to flatter his

patients by an appearance of great zeal and attachment, and by confirming the good opinion which they entertain of their own discernment in the choice of the medicine and diet which they most like,—that man shall grow popular and rich, under the hourly dereliction of every principle of truth, honour, and conscience, and become accessary to the daily destruction of his fellow creatures. This is the reason why a large party of all ranks is always inclined to favour the most uneducated of the medical profession.' Do we require to go to Bath to see such characters?

"EMETICS.—When the various doctrines, which attributed all diseases to acrimonies, peccant humours, crudities, &c., prevailed in the schools, emetics were among the principal remedies to which physicians very naturally resorted, as a preliminary means of cure. The beneficial effect observed to take place after vomiting, in the early stage of almost all diseases, was, of course, urged in confirmation of theories which, even in the present day, are not without their influence on the minds of medical men. The primary action of Emetics we hold to be *cerebral*, and the act of vomiting, not so much a cause of the other constitutional symptoms which accompany it, as one of many effects produced by change in the atomic revolutions of the BRAIN. Whatever will suddenly influence the brain, in any unusual or novel manner, by changing its temperature and atomic motion, must necessarily change the whole corporeal state, whether it be, at the time, in health or disease. Have we not this familiarly exemplified in the motion which causes sea-sickness—in the sickness produced by the rotatory chair, and in the morning vomitings of early pregnancy? Anything that can withdraw the brain's attention from the stomach, such as a passion, a blow on the head, loss of blood, or a division

of the nerves that supply it, may produce vomiting? Experience every day shows us, that the shivering or shudder liable to be occasioned by one cause, may be averted or cut short by agents which, under different circumstances, can of themselves produce such muscular tremor. It is thus that the emetic exerts its salutary influence in disease. No man can take a vomit, without every part of the body undergoing some change during its operation. A creeping sensation is immediately felt in every part—a sensation, demonstrative of the rapid revolution and change of relation of every corporeal atom. Under the influence of such an agency, you may *see* the reddened and swollen eye, or testis, become, in a few minutes, of nearly its natural appearance;—nay, a complete abatement of pain in either organ, may be an equally rapid result. Who, then, will tell me, that the same effect may not take place from the employment of an emetic, in what are termed inflammations of the lungs or bowels? 'Oh, all experience is against it!' I have been told.—All experience!—whose experience? I have asked; but I never got an answer, for nobody had ever tried!

"There is no part of the body that you may not influence by an emetic;—the old physicians knew this—the physicians of an age gone by. They gave emetics in the case of Typhus even—Typhus in a Royal patient. 'Louis XIV.,' says Mr. James, in his Life of that monarch, 'was seized with symptoms of illness; and all the marks of Typhus Fever, of the most malignant kind, soon discovered themselves. The whole court was in consternation, the queen in despair. . . Mazarin was too much agitated and terrified to use any concealment; with fears and sighs, he acknowledged to Louis at once the danger in which he was; and the young monarch only seemed grateful to him

for not having concealed his situation. A physician of great repute, however, was at length brought from Abbeville; and declaring that the king's case was by no means hopeless, he obtained permission to administer to him a remedy, which there is every reason to believe was merely antimonial wine. Louis was so much relieved by the first emetic, that he willingly took a second dose, and, from that day, the fever abated, and health gradually returned. Joy and satisfaction spread throughout France.'

"Of the value of emetics in Apoplexy, I could give numerous cases of my own in illustration. I prefer the evidence of others. Take the case of another royal patient. 'Frederick the Great, three days before the grand autumn manœuvres, complained of pains in his legs: on retiring to bed at eight in the evening, he made the same complaint, though he had been in high spirits the whole day, especially at table. At ten he had a violent attack of apoplexy, which must have proved fatal, but for the prompt application of heat and the administration of *emetics* and hot tea.'—*Campbell's Life of Frederick.*

"Purgatives.—The action of purgative medicine on the bowels has often been a powerful means of influencing diseased states, through the medium of the brain;—but, like every other remedial agency, it has been too frequently converted into a cause of disease and death. The physician who proceeds, day by day, to purge away 'morbid secretions,' 'peccant humours,' &c., is a mere humoralist, who neither knows the manner in which his medicines operate, nor understands the nature of the wonderful machine whose disordered springs he pretends to rectify. It has been my fate to witness no inconsiderable amount of suffering induced by a mistaken perseverance in purgative measures. Will nothing open the eyes of

gentlemen of the humoral school? Surely it will stagger them to be told that, in an evil hour, the exhibition of a purge has been followed by a paroxysm of gout? Yet nothing is more true or better avouched... Reasoning upon this simple fact, Dr. Parr says, 'the *humoral* theory of gout is altogether untenable.'

"BATHS, COLD AFFUSION, &c.—What disease has not been cured or alleviated by the bath—the first and favourite prescription of the ancient physician? Need I say, that the efficacy of this remedy, whether hot or cold, medicated or mineral, entirely relates to the improvement which, directly or indirectly, it is capable of affording to the temperature of the patient? I have seen a chilly hypochondriac dash into the cold plunge-bath, and, in a minute or two after leaving it, become all in a glow. While in this state, flights and fancies, and real and imaginary pains, have in most cases been put to, at least, a temporary flight. In repeated instances, I have even known such diseases to be cured by a few successive plunges. Numerous cases of chronic rheumatism have, in my experience, yielded to the cold bath, after every other remedy has been tried in vain. The same means have materially assisted me in the treatment of particular cases of dropsy and heart-disease. Successively alternated with the hot air-bath, and the tepid shower-bath, cold bathing may be made generally useful in almost every kind of chronic disease.

"The cold affusion, as a general measure, is better adapted to hospital practice than to the treatment of private patients. I have, nevertheless, with the aid of this powerful means, cut short many a fever, which, under the bleeding and starving systems, would have filled the pocket of the medical attendant. I regret to be obliged to

make such an allusion, but certainly the interests of the profession generally, have not hitherto led them to question the utility of measures to which custom, rather than a curative necessity, has reconciled the majority of patients.

"MEDICINE AND POISON.—The difference between medicine and poison is a mere question of *quantity* or degree; for, what is there which pertains to earth or air, that may not be converted to the use of man? If he, in his ignorance or depravity, turns a given substance to evil account instead of to good, shall blame be imputed to the Almighty, who bestowed it upon him as a boon! When you hear a *medical practitioner* decrying any medicine as a 'strong medicine,' or a 'poison,' you may be certain of one of two things;—either that the man is in utter ignorance of the nature of the agency he himself employs in physic, or that he is endeavouring, by disingenuous means, to injure the reputation of a successful rival, whose better sense and more extensive practice, have taught him to administer, in safe and efficient doses, substances which the other, with well-dissembled horror, affects to look upon as only destructive to life.

"Dr. A. T. Thomson recommends arsenic 'in threatened apoplexy *after cuppings, and purgings*, when the strength is diminished and the complexion pale.' Upon what principle does this remedy prove advantageous in such cases? Simply by prolonging the remission—by averting the paroxysm. Long after the bark came into fashion for the cure of ague, that distemper used to be treated in the first instance by depletion, until the complexion became pale. Seeing that this treatment is not now pursued for ague, even by people the most bigoted to old systems, men who think for themselves, may possibly enquire whether

it be not equally unnecessary in 'threatened apoplexy or in 'rush of blood to the head,' as this affection is still ridiculously termed. The primary employment of quinine, silver, arsenic, &c., has enabled the writer of these pages to dispense entirely with depletion in its treatment. What did the lowering and starving system avail Sir Walter Scott? In the case of that great man, might not the threatened apoplectic paroxysm have been averted by quinine or arsenic? Be this as it may, the fact is now established, that any given medicine,—bark or arsenic for example,—has cured a host of maladies, which the authors of nosological systems have not only noted as separate and distinct disorders, but to which the profession usually ascribe a difference of cause and nature;—some, according to their views, being diseases of debility,—some, nervous—some, inflammatory. Now, connecting this with the circumstance that the subjects of all these, so styled, different diseases have *remissions* and *exacerbations*, and have each a greater or less number of the symptoms or shades of symptom, constituting the particular type of disorder, so well known to the vulgar by the term AGUE;—for which, the same vulgar are aware, there are no remedies so generally applicable, as bark and arsenic;—to what other conclusion, can the unprejudiced reader come, than that all disorders are variations of this one type—that, abstractedly speaking, there is but one disease!

"If this, then, be true—and its truth may be easily tested in every hospital in Europe, am I not justified in believing that the notions (for I will not call them principles) which have hitherto guided physicians in the application of their remedies to Disease, have been a mere romance of the schools; that their views of its causes have, for the most part, been as erroneous as their modes of cure have been

defective; and their nomenclature throughout, little better than an unmeaning jargon!"

This much from the *Unity of Disease*, a copy whereof, shortly after its first publication, in 1838, I sent to each of the leading physicians and surgeons of the metropolis. Some coldly acknowledged the receipt, some did not acknowledge it all. One only, Sir Astley Cooper, sent a friendly response;—here is his note:—

"Dear sir,—I thank you most sincerely for your VALUABLE work. I have not the least objection to being *unchemical* if I can be *useful*; and I agree with you that the living stomach is not a wedgewood mortar.

"DR. DICKSON. "Yours truly, ASTLEY COOPER."

CHAPTER VIII.

IN 1839, the writer published the *Fallacies of the Faculty with the Chrono-thermal Principles of Medicine*, wherein he treated more fully of particular diseases;—basing their cure, as in his former works, on attention to time and attention to temperature. From that volume is extracted what follows, on the subject of Medicinal Action.

"MEDICINAL ACTION.—If you ask a teacher of medicine, why opium sets you to sleep, his answer will be—'from its *narcotic* power.' What can be more satisfactory? Nineteen out of twenty students at least, are satisfied with it—they are delighted when told in Greek, that it does set them to sleep! Why does rhubarb purge? 'From its *cathartic* power,' you will be told; what does that mean? simply that it purges! Again you demand how does antimony vomit—again you get the Greek reply, 'from its *emetic* power;' in plain English, it vomits! Such is the

mode in which the schoolmen juggle: instead of an answer they give you an echo! Had these logomachists—these word-mongers—been as well acquainted with the motions of living things as with the inflections of dead languages and the anatomy of dead bodies, they would long ago have preferred reasoning to mystification. But, for the last ten centuries, at least, professors have been doing little else but splitting straws, blowing bubbles, and giving a mighty degree of gravity to feathers.

"We shall endeavour to develope what their answers show they are utterly ignorant of—the UNITY of ACTION of all remedies.

"What are the FORCES which, by their harmonious movement in a material body, make the *sum total* of the economy of the LIFE of that body? Vital chemistry, vital electricity, vital magnetism, vital mechanics. By these forces all the *internal* movements of man are periodically produced, and by the analagous *external* forces only, can the material of all animal life be sustained and otherwise influenced from without. When rightly considered, every force in nature will be found to resolve itself into a CAUSE of MOTION simply —motion forward, or motion backward—motion outward, or motion inward. Chemistry, electricity, magnetism, mechanics, can, each of them, do no more than, by their attractive force, bring things or their atoms into closer proximity; or place them, by the force of repulsion, at a greater distanec from each other. Attraction and repulsion, then, are the two grand forces by which, not the motions of man only, but the motions of the universe, are kept in control. And by these forces, and no other, can animal life be influenced either for good or for evil, whatever be the nature of the material agent by which they may be called into play,

"REMEDIAL MEANS may include every description of force. The bandage, splint, and tooth-forceps are familiar examples of the mechanical kind; while to chemistry, among other things, medical men owe the alkalis and earths they use as palliatives in the treatment of acidity of the stomach. But the purely MEDICINAL AGENTS—what is the mode of action of these? How do opium, strychnine, arsenic, and prussic acid act? *Chemically* it cannot be; for they produce no chemical change,—no visible decomposition of the various parts of the body over which they exert their respective influences. What, then, is their action? no man in his senses would suppose it to be mechanical. One of two things it must be, then, *electrical* or *magnetic*;—for these are the only other forces in nature to which we can apply for an explanation. But, gentlemen, are not these *two* forces one? nay, under the term ELECTRICITY, do not practical philosophers include Chemistry also? No person in the least conversant with the physical sciences would now dispute, what Mr. Faraday was the first to prove, that all three are in reality mere modifications of ONE great source of power. For, not only can the electrical force be so managed as to produce Attraction and Repulsion in all bodies, without in any way altering their constituent nature; but it can also, in most cases, be so applied to every compound body as to cause a true chemical decomposition of its ultimate principles. By the same UNIVERSAL POWER we can either make iron magnetic, or deprive it of the magnetic virtue. We can, moreover, reverse by its means the polarity of the needle of a ship's compass. Is electricity, then, the source of *medicinal* agency —the source of power by which opium and arsenic kill and cure? Before this question can be satisfactorily answered, we must first know the effect of the direct appli-

cation of Electricity to animal life. What is its action when directly applied to living man? Gentlemen, it has caused, cured, and aggravated almost every disease you can name,—whether it has come in the shape of the thunder-storm, or has been artificially induced by the far less energetic combinations of human invention. If, as in the case of the magnetic phenomena, it can produce, take away, and reverse the polarity or motive power of the needle; so also can it give, take away, and reverse every one of the particular functional motions of the various parts of the living body to which it may, under particular circumstances, be applied. It has cured palsy, and caused it also; but has not strychnia done the same? In common with arsenic, it has made the stoutest and bravest shake in every limb; and, like the same agent, it has cured the ague. In what, then, does its action differ from arsenic here? If it has set one man to sleep and kept another wakeful, opium has done both. Electricity has cured cramp and caused it; so have prussic acid and nitrate of silver. Do we not prove, then, beyond the possibility of question that the action of these *medicinal* substances is purely electrical? By precisely the same power, mercury salivates, antimony vomits, and rhubarb purges. By the very same power, they may all produce reverse effects. The primitive agency of the purely *medicinal* substances then, is one and the same, —namely, the power of electrically *moving* the body in some of its various parts or atoms inwards or outwards, according to the previous vito-electric state of the Brain of the different individuals to whom they may be administered. For, through the medium of the Brain and Nerves, do all such substances primarily act. The ultimate and apparently unlike results of the action of the different substances, depend entirely on the apparent

dissimilarity of the functions of the organs they respectively influence. As already stated, the temperature of the part or organ of a living body thus *motively* influenced, becomes in every case correspondingly altered. If it be asked in what manner opium or antimony can alter the temperature or motion of any organ through its nerves, I can only refer to the analagous changes which take place in chemistry, through the medium of the electric chain or galvanic wire. When acted upon by either, bodies which were previously cold become instantaneously heated, and *vice versâ*,—*motion* being the equally instantaneous effect in both cases. And, according to the degree and duration of the electrical force applied, do such bodies become simply electrified—preserving still their usual appearance and nature,—or chemically decomposed in some of their constituent principles—their atoms in either case being repelled or attracted in a novel manner. In a manner perfectly analagous, do every and all of our purely *medicinal* substances act on the *living* organism. On the dead, if they exercise any influence at all, it can only be by preventing the putrefactive process, or by *chemically* decomposing the various parts. The old writers were right when they said '*Medicina non agit in cadaver.*'

"If you again demand how a given substance shall influence one part of the system rather than another, I must again recur to chemistry. Have we not *Elective Affinity*, or a disposition in inorganic bodies to combine with, and alter the motions or *modes* of particular bodies rather than others? By an elective affinity precisely similar, do opium and strychnia, when introduced into the living system, produce their respective effects; they manifest a similar choice of parts—the *elective* power of the one substance being shown by its influence (through the Brain)

on the nerves of sense, and that of the other by its effect on the nerves of the muscular apparatus. But here again, you may, with the most perfect propriety, ask, why the influence of opium on the Brain should make one man sleep, and keep another from sleeping? and why strychnia by a similar difference of cerebral action, should paralyse the nerves of motion in one case, and wake to motion the nerves of the paralytic in another? The answer is simple; and it affords a fresh illustration of the truth of this electrical doctrine. The atoms of the specific portion of Brain of any two individuals thus oppositely influenced in either case, must be in *opposite* conditions of Vital Electricity—*negative* in one, and *positive* in the other. And what but opposite results could possibly be the effect of any agent acting *electrically* on any two similar bodies, whether living or dead, when placed under electrical circumstances so diametrically opposite? In common with all medicinal substances, opium and strychnia may produce inverse motion—motion outward or motion inward, according to the particular vito-electrical condition of the body to which they may be applied. And in this instance again, they only harmonise with everything we know of the great Universal Force to which we ascribe their medicinal influence. Their ultimate agency depends on attraction and repulsion. Here, then, gentlemen, you have the most satisfactory explanation of an infinity of facts which, from their supposed confliction, have, up to this hour puzzled every teacher and professor that ever endeavoured to grapple with the subject. The merit of this explanation I exclusively claim; and I state my right to it thus distinctly, that no F.R.S., no Queen's Physician Ordinary or Extraordinary, or other great official, may hereafter have any excuse for attempting to snatch it from me;—whether

through ignorance or forgetfulness of my name and writings he venture to PREDICT its future discovery, or deal it out bit by bit to his readers, in the equally novel shape of question or "*suggestion!*" Yes, gentlemen, I exclusively claim the ELECTRICAL DOCTRINE of Medicinal Agency as mine —a doctrine which affords an easy solution of the greater number of difficulties with which our art has hitherto been surrounded. By following out its principles, you see at once why colchicum, mercury, and turpentine, can all three cause and cure rheumatism;—why acetate of lead can produce and relieve salivation;—why cubebs and copaiba have relieved gonorrhœa in one man, and aggravated the same disease in another;—why musk may excite and stop palpitation of the heart;—why the *Fevers* of puberty, pregnancy, and small-pox, have each cured and caused every species of disorder incident to the respective subjects of them;—and why the passions have done the same. Now what better proof could you have of the real nature of the passions that this? What better evidence that Rage, Terror, Joy, Surprise, are each and all of them indubitable fevers, than that each and all of them have cured, caused, aggravated, and alleviated almost every human disease—every ache and ailment to which man is liable, from ague to epilepsy—from toothache to the gout! Like opium and quinine, every one of these passions has a double electrical agency;—in one case, *reversing* the particular cerebral movements on which existing symptoms depend;—in which case it alleviates or cures;—in another, *calling them up* or only adding to their *rapidity* when present;—in which case it causes and aggravates simply.

"But we have yet to account for certain apparently *anomalous* effects of all medicines—we have still to explain to you why opium, for example, instead of producing its

usual *somnolent* or *insomnolent* influence upon particular individuals, acts upon them in the same manner as antimony or ipecacuan;—and why these particular medicines, instead of producing their usual *emetic* effect in individual cases, only purge the patient;—or (as I have occasionally found them do) set him to sleep more surely than henbane or opium. Gentlemen, did opium or antimony uniformly affect the *identical portion* of brain in ALL persons, either medicine could never do more than one of two things,—namely, aggravate or ameliorate the particular symptoms which, in all healthy persons, it then most certainly could never fail of producing. But in common with all medicines, the elective affinity of each of these particular substances may be different in different persons, from difference of constitution. The same medicines, then, do not always influence the same cerebral parts. The usual elective affinity of opium and antimony may be quite reversed in particular patients. Now, as all medicinal agents act solely by changing the atomic *movements* of the cerebral part over which they exercise their respective influence, antimony and opium, by changing their usual places in the system, change their respective characters accordingly. Antimony, then, either becomes a *narcotic*, or keeps the patient *wakeful*. Opium, in like manner, either becomes an *emetic*, or the *reverse* of an emetic—whatever that be. See, then, how cautious you ought to be in every new case of disease for which you may be consulted—and how necessary it is to exercise all your powers of circumspection in practice. When you prescribe medicine of any kind, you ought to feel your way with the smallest available dose—the smallest dose from which you might, from your experience, expect an appreciable effect, whether for good or for evil—for, remember, not only do all medicines

occasionally manifest a different *elective* affinity from that which they usually exercise; but, even when they act in their ordinary course, they have still the double power of attraction and repulsion—the power of aggravating or alleviating the symptoms for which you prescribe. Indeed, by this duality of movement and no other—Attraction and Repulsion,—we are compelled to explain every variety of change which the body assumes, whether in health or disease. By Attraction, the fluid matter of a secretion becomes consistent and organised, again to be thrown off, by the same organ, in the fluid form of secretion by Repulsion.

"Throughout all creation we find Unity the effect of diversity or repetition. There can be no symmetry without this;—the most rugged line you can pourtray, when opposed to its perfect repetition, immediately becomes a *design*—a unity. Man in the abstract, is a unity of the two sexes. The unity of the individual man is made up, as we have already said, of a duplex repetition, which pervades his entire configuration outwardly a swell as inwardly. The life of man in all its functions is a thing of periodic repetitions. His passions, in like manner, are duplex. Joy, Woe—Confidence, Fear—Love, Hate,—are examples. Originally the gifts of a benevolent Providence for his *use*—his preservation, and the preservation of his race,—when *abused*, they become the elements of destruction to both. To keep them in healthy subjection is wisdom; to attempt their utter annihilation, not only involves their possessor in a perpetual struggle against the laws of his nature, but actually aims at defeating the ends of creation. All things, then, have two aspects. The unity of action of Medicine and Poison, is proved by the duality of Motion and Temperature, which the substances so denominated are capable of producing.

"In its duality of heat and cold, what disease has not Temperature produced?—What, in the shape of the warm and cold baths, has it not cured? Look, again, at the effect of heat upon the egg. Even when artificially applied, we see this apparently inert body converted, by thermal influence, into bone, skin, and muscle, with their proper apparatus of blood-vessels and nerves! You will tell me, the egg was predisposed to such changes. True; and Temperature can only act upon all things, according to their original predisposition: Is not this the reason why a chill will produce rheumatism in one man, and consumption in another? Through thermal influence, the wool of the sheep and the feathers of the hen, may in successive generations be replaced with hair;—certain *viviparous* animals may become *oviparous* in this manner. The aphis and the wood-louse, for example, may be made to bring forth either eggs or live young, at the pleasure of the experimenter, by simply varying the temperature in which he keeps them. Then, again, look at the effects of Temperature upon the vegetable world! If, in the middle of winter, you introduce the branch of a vine, which happens to grow by your window, into your warm chamber, and keep it there a few weeks, it will put forth leaves and blossom. See, then, the wide and omnipotent influence of Temperature on every living thing, from man, who only attains the maturity of his growth in the course of successive summers, to the gourd, that springs up and perishes in a night!"

This much from *The Fallacies of the Faculty*, the first edition of which appeared in 1839.

PART II.

CHAPTER I.

EVERYBODY has heard of the "Molecular Theory of Life," about which Dr. Todd, Dr. Hughes Bennett, and others, have expatiated in their various publications. I leave the reader to judge whether these writers have done more than copy my own atomic theory;—the word molecule being a mere Latin translation of the Greek word atom! Of this more hereafter.

It was a saying of the sculptor Canova, that Englishmen see with their *ears*. What follows is intended for readers who prefer to see and examine with their *eyes*.

It has been the annual custom, at the London College of Physicians, during many years past, for one of the Fellows to deliver an oration in Latin, commemorating the discovery of the Circulation of the Blood, by the great HARVEY. To the President of the College for the time being the oration is submitted before it is read to the assembled members. Whatever statements it contains have, therefore, the official sanction of the highest authority of the College.

In the oration for the year 1860, delivered during the presidency of Dr. Mayo, by a gentleman of the

name of PAGE, there occur certain observations which, when translated into English, will be found to run thus :—

"In the beginning of this century, the favourite practice of physicians was depletion in all its forms. At the present day, the employment of stimulants, chiefly wine, brandy, and the like, has been much on the increase. Of this method of treatment many assert that Dr. Todd was the author; but, in truth, neither to Dr. Todd, nor to any other person, do we owe this plan of cure—a plan which, from some atmospheric change, perhaps, or from some change in the condition of men's bodies, has gradually come into vogue. The annals of our hospitals, if I mistake not, shew all this very clearly. At St. George's Hospital, the records of which have been carefully kept for the last thirty years, this change must strike everybody who inspects them. During that time, phlebotomy has been becoming there more and more unfrequent. The use of leeches and cups, yearly diminishing, is now all but given up; while, on the contrary, the expenditure for wine, brandy, and malt liquor, steadily on the increase, is at the present moment greater than it ever was at any former period." *

That a great revolution has of late years taken place in

* "In hujusce seculi initio depletio omnigena medicis quam plurimum placuit. Stimulantium hodie, vini præsertim, spiritus vini Gallici et similium, obtinuit largior usus. Hujusce methodi auctorem multi Toddium asserunt. Verum enimvero, non Toddio, non uni aut alteri debemus hanc curandi rationem—quæ gradatim mutatis aeris forsan, necnon corporum conditionibus prævaluit. Nosocomii cujusvis annales hæc, ni fallor, plane demonstrant. Cuivis in Sancti Georgii Nosocomii annales per annos jam actos triginta servatos inspicienti hæc vicissitudo patet. Venæsectio per id tempus singulis annis ibi rarior fit. Cucurbitulorum, hirudinum usus quot annis diminutus hodie vix ullus est. Vini, contra, spiritus vini Gallici cerevisiæ expensa, perpetuo aucta, supra modum jam ampliatur."—*Oratio ex Harveii instituto a Gulielmo E. Page, M.D. Oxon*, 1860.

the English practice of medicine is incontestible; but Dr. Page's account of the manner in which this revolution was brought about will scarcely be so satisfactory to thinking and observing men out of doors as it would appear to have been to the erudite auditory he addressed. The questions, therefore, still remain, How came "depletion in all its forms" to be put down? Wherefore was it put down? When was it put down? And who first, to the horror of a jealous profession, openly substituted stimulants and tonics, both of which now go hand in hand, for the cruel and exhaustive measures, that, from the time of Hippocrates till within the last few years, were the all but universal practice of medical men?

Theories which attribute everything to masses and nothing to individuals are usually in high favour with colleges and corporations. To the corporate mind "a change in public opinion," "the march of intellect," "the requirements of the age," and other abstractions equally vague and unmeaning, very readily account for the greatest events. "It is too much the present fashion," says Sir John Herschell, "to ascribe all progress, at least all modern progress in the inductive sciences, and, indeed, in every department of human thought and action, to 'the age;' as if there were some magic in the word, and as if, by its use, it were possible to *elude or abate down* the acknowledgement of an *individual preëminence*."

To "the age," and "the requirements of the age," many very clever doctors have attributed the recent revolution in physic. How to "elude or abate down the acknowledgement of an individual preëminence," in this particular department of science, has been one of the difficulties of modern medical men. Dr. Page thinks he has solved the problem. According to him, the revolution

in question was begun by nobody. Before the assembled magnates of the College of Physicians, before the large body of practising apothecaries, who have recently been admitted members of that time-honoured institution, Dr. Page held that, for this revolution, the world is indebted to no man's tongue or pen. He ascribed this all but complete REVERSAL of medical practice to a gradual change either in the constitution of our English atmosphere, or in the condition of the human body itself; he did not pretend to say which! Is Dr. Page quite sure that any such change has really taken place in either the one or the other? Not quite; he qualifies his assumption by that most awkward of adverbs, "*forsan*," perhaps!

Dr. Page's dictum was received, nevertheless, with the most implicit respect by the solemn gentlemen whose ears it was intended to tickle. Of all the assembled "medical philosophers" who met on a pleasant day in June to do honour to the shade of Harvey, not a single individual by word or sign signified his dissent from a proposition so absurd and illogical. On the contrary, when the oration was finished, the solemn gentlemen, for once in their lives at least, relaxed their professional gravity, and cheered Dr. Page to the echo!

June passed; July came and went; August appeared, and congratulations still poured in upon the orator of 1860. The beautiful manner in which he had fulfilled the task confided to him gave satisfaction to all. Dr. Page's oration was pronounced a marvellous success.

Could it be possible that a secret understanding existed between the authorities of the College and Dr. Page, in reference to the subject matter which, after the usual hackneyed laudation of Harvey, was intended to be the telling point of the oration? Why explain to the members

of the College what the members of the College knew as well as himself—that the fashion of physic had changed? Why go into the fact of a gradual decrease of phlebotomy, and other exhaustive treatment, and a corresponding increase of expenditure for wine, brandy, &c., in the London hospitals? And why, in the year of grace 1860, of all years since this change began, fix the date of the decrease of depletion in St. George's Hospital so far back as *thirty* years ago? Was this exposition meant solely and entirely for the members of the College? Or, was the oration of the year 1860 a mere farce, got up for a special purpose between the College authorities, and their mouthpiece, Dr. Page? Perhaps these astute gentlemen thought the time had at last arrived when, by adroitly concealing facts and by falsifying dates, they could, without compromising themselves in the eyes of their patients, give their sanction to a change of practice which, in common with the majority of their brethren, they had for years opposed as dangerous and unorthodox. Be that as it may, the orthodoxy of this complete change of practice was in the month of June, 1860, for the first time, publicly recognised by the College authorities. But, while turning and trimming in this wholesale manner, the College made an important omission. A great physiological discovery,—the discovery of the chrono-metrical nature of Health and Disease, from which the present practical change actually dates,—was on that occasion carefully kept in the back-ground.

Discoveries or inventions that militate against the interests of powerful bodies of men, may often be crushed down for a time; but, sooner or later, there is a day of reckoning. This may yet be the case here. The medical profession in civil life, as shall in due course be seen, have the most powerful of all motives for shelving a discovery

which, in spite of every effort on their part, rendered it impossible for them much longer to uphold the practice of blood-letting;—a practice, be it observed, which, amid a thousand changes introduced from time to time into the Materia Medica, had, in Europe at least, continued to be the dominant fashion of physic for upwards of three thousand years. If that was the object of Dr. Page's oration, the farce was badly got up, and the performance was a mistake.

The month of August, we have seen, found the Orator of the year 1860 still radiant from his triumph. But his feelings of jubilation were not destined to last the month through. A fortnight before August reached its close, any hopes Dr. Page may have entertained of rising in his profession through his oratorical success, received an unexpected damper. Not from *without*, but from *within*, the walls of the College came the bitter pill in this instance. As yet nobody had dared to shock Dr. Page's vanity by any expression of dissatisfaction with his statements, whether in regard to facts or dates. What must have been his mortification then, when he found himself brought to book in both respects by a brother Fellow—and that Fellow, mark,—a grandson of one of the greatest ornaments of the College of Physicians in an age gone by, the celebrated Heberden! Dr. Heberden's letter to Dr. Page, being now published, is very much at the reader's service:—

"Park Street, Grosvenor Square,
"16th August, 1860.

"Dear Sir,—I have been prevented by circumstances from tendering to you, until now, my acknowledgments for the copy of your Harveian Oration, which you were so kind as to send me above a week ago. While thanking you for a composition couched in such elegant Latin, I regret to find it contains some statements with which I cannot concur.

"It is quite true, as you say, that at the beginning of this century, depletion of every kind was in great favour with our physicians; and it is equally true that stimulants, more particularly wine, brandy, and the like, are more freely used now than formerly. True it is, also, as you state, that those who ascribe the introduction of this method of cure to the late Dr. Todd are in error. Whether as regards the substitution of wine, brandy, &c., for abstinence; or the exhibition of bark, steel, &c., for blood-letting and other exhaustive measures, Dr. Todd was anticipated by many medical men, both within and without the walls of our own College.

"But in the face of facts,—facts patent alike to the majority of the profession and to the better instructed portion of the public,—I cannot agree with you that for this revolution in practice we are indebted to one man in particular. Your assumption that this revolution may 'perhaps,' have been the gradual result either of some change in the condition of the atmosphere or of some alteration in the human body, you will pardon me for saying, I consider altogether groundless and unphilosophical.

"The records of our hospitals, you say, bear you out in in this belief. I am glad you qualify that statement with the words '*ni fallor*;' for here assuredly you labour under a misconception. Your impression that the annals of St. George's Hospital show that this great change of practice began there *thirty years ago*, can scarcely be correct. Dr. Chambers, who was senior physician of that hospital at the date you refer to, used depletion very largely up to his retirement from practice:—and his retirement, if my memory serves me, did not take place till about fifteen years afterwards.

"You are right, nevertheless, when you say that vene-

section is every year becoming rarer; and that cupping and leeching, yearly diminished, are now little employed; while the expenditure in our hospitals for wine, brandy, and malt liquor, has, on the contrary, increased. You say nothing of the increased expenditure for quinine and other supporting remedies.

"This complete REVERSAL of a practice which existed from time immemorial, must not only have had a beginning, but it must, moreover, have had some one to begin it. It is not in the nature of things that so sudden and so important a revolution could originate in many minds at once. If you will turn to the last July number of the *British and Foreign Medical and Chirurgical Review*, you will find that the initiative of this revolution, 'in this country, at least, must be assigned to Dr. DICKSON, the Apostle of Chrono-thermalism, who has long reviled anti-phlogistic proceedings, and lauded a treatment essentially supporting. We do not know (the Reviewer continues) whether our friends will be pleased *stare sub nominis umbrâ;* but it is certainly true that Dr. Dickson long ago asserted much the same as what the two English physicians [Dr. Bennett and Dr. Todd] teach.'

"On comparing dates, it will be found, that though Dr. Todd anticipated Dr. Bennett in his opposition to the hitherto orthodox practice, Dr. Todd himself only followed in Dr. Dickson's footsteps.

"Dr. Dickson began his crusade against blood-letting in 1836. Dr. Todd waited till the year 1850; in which year, while assuming that all diseases originate in 'poisoned blood,' he adopted the all but identical practice introduced fourteen years before by Dr. Dickson;—bark, steel, and stimulants, according to Dr. Todd, being the 'antidotes' to this hypothetical 'blood-poison.'

"In 1836 Dr. Dickson took a surer ground. Appealing to his great discovery, the Unity, Remittency, and Periodicity of all Disease, whereof he considered Ague or Intermittent Fever to be the type, Dr. Dickson advocated the early employment of bark, steel, wine, &c., in almost every form of disorder—pneumonia and apoplexy included. Holding Remission to be the most unfailing clue to all good medical treatment, Dr. Dickson addressed himself to the prevention of paroxysmal return, and adopted for his motto '*principiis obsta.*'

> '*Principiis obsta*—on the outset act
> And crush disease at once by skill and tact;
> Crush it ere from neglect the frequent fit
> Becomes a habit difficult to hit.'

"For the last twenty-four years, in various publications, all powerfully and perspicuously written, Dr. Dickson has never ceased to urge the total and entire abolition of blood-letting in each and every of its forms;—giving quinine, steel, and stimulants, in cases where for thirty centuries the great majority of the profession advocated exhaustive measures. For this innovation he has had to pay the penalty of all truly great reformers, persecution and injustice!"

"The illustrious HARVEY, to the perpetuation of whose fame your oration is dedicated, and JENNER, scarcely less dear to medicine, were both, as we all know, decried and oppressed in their life-time by their professional brethren. With these examples before me, I cannot doubt that so great a benefactor to mankind as the Author of *The Fallacies of the Faculty*, will, ere long, like these discoverers, be appreciated as he deserves by the distinguished body of which yourself and I have the honour to be Fellows."

"In the interest of science, and on public grounds, I propose to print this letter,—for the length of which allow me to apologise. Your oration being now published, I do not anticipate any objection on your part to the course I mean to pursue. Believe me to remain, my dear Sir,

Yours very truly, THOMAS HEBERDEN."

"DR. PAGE, F.R.C.P."

Dr. Heberden is right in his facts. All honour to him for his bravery and independence! It was in 1836, as he says, and as the reader has seen, that the present writer published *The Fallacy of Physic as taught in the Schools, with new and important Principles of Practice.*

We are now dealing with facts and dates; be pleased carefully to note what was the hospital treatment pursued by the most eminent London physicians in 1836.

Dr. Mühry, a German physician, who came to England that very year, expressly to see the practice of our London hospitals, thus writes:—

"Mercury, purging, and blood-letting, are the three leading therapeutic means in England." "The English physicians hold the human system to be so constituted, that it can bear a considerable loss of blood." "Even in chronic inflammation, bleeding is much depended on."—*Mühry's State of Medicine in France, England, and Germany, in* 1836.

Does Dr. Mühry make any exception in favour of St. George's Hospital, where, according to Dr. Page, the practice began to change six years before the visit of this foreign physician? He does not. And the records of St. George's Hospital, so far from corroborating the statement of Dr. Page that a change of practice began there in the year 1830, make it clear to everybody who will take the trouble to examine them, that the physicians

and surgeons of that hospital held out against all change longer than those of any other hospital in London! But this trouble may be spared the reader; inasmuch as in the *Medical Gazette* for 1851 he will find a series of cases of apoplexy and paralysis treated, towards the close of that year, in St. George's Hospital, by Dr. Wilson, the then senior physician of the hospital, after the most approved sanguinary and exhaustive fashion. Though one and all terminated fatally, these cases, *mirabile dictu!* are reported by the registrar of the hospital, as so many examples of the best method of treating the complaints in question. To the published writings of Sir Benjamin Brodie, so long the senior surgeon of the same institution, I shall afterwards advert as affording evidence equally conclusive of the mistake in dates made by Dr. Page. Dr. Page's statement on that point is not worth the paper it is printed upon.

> Throughout the annals of this brazen age,
> Where will you find a more deceptive PAGE?

Having proved, by the testimony of an independent foreign physician, the kind of practice prevalent in each and every of the London hospitals in 1836, let us now see what English practitioners were doing ten years later. Sir John Forbes, physician to Her Majesty's Household, thus describes the practice of 1846:—

"One of the besetting sins of English practitioners at present, is the habitual employment of powerful medicines, in a multitude of cases that do not require their use; mercury, iodine, colchicum, antimony, drastic purgatives, and *excessive blood-letting* are frightfully misused in this manner."—*Lancet*, 1846.

Why does Sir John Forbes style this catalogue of blunders "*one* of the besetting sins of English practitioners?" It was neither more nor less than wholesale

butchery; and as such it is now regarded by many eminent men who, at that epoch, were themselves in the daily habit of treating their patients in the manner described.

Thus much for English medical practice in 1846. What about the Scotch? Long after I commenced my crusade against blood-letting, blood-letting was in high favour with the Edinburgians. For years Dr. Alison was the leading physician of Scotland. He was for many years also one of the Professors of Medicine in the University of Edinburgh; and, in virtue of his office, Senior Physician to the Royal Infirmary of that city. What was the practice of Dr. Alison until within a year or two of his retirement from his professorship in 1850? Take it from his own pen:—

"In all cases of inflammation the only antiphlogistic remedy on which absolute reliance can be placed is blood-letting. And there is *no other remedy for any other kind of diseased action* which can be put in competition with this in efficacy and importance."

A short time before his death Dr. Alison modified his practice, on the pretence of a "change in the type of disease." A change in the type of disease involves a change in the nature and constitution of man. Dr. Alison imagined an impossibility; everything in creation proving that, however much *forms* may change, *types* are immutable!

Cross we now the Irish Channel, and let us see what for years was the practice of the great hospitals of Dublin. In the *Medical Times* of 1854, Dr. Stokes gives the following account of his own experience in the Meath Hospital:—

"There was hardly a morning at the Meath Hospital that some twenty or thirty unfortunate creatures were not phlebotomized largely. It was dangerous to cross the prescribing hall for fear of slipping. Patients were seen

wallowing in their own blood like leeches after a salt emetic; and these disgraceful scenes continued for many years."—*Medical Times*, 1854.

Let me ask a question here. Could men who acted in the insane manner shown above, have had the slightest notion of the nature of the vital principle, whether in health or disease? Impossible!

Throughout Her Majesty's three kingdoms, this, nevertheless, was the universal treatment of what the doctors called "inflammation." Nor was it confined to these shores. All over Christendom, until within the last few years, the great body of medical practitioners were equally inflammation-mad!

Woe to the man who dared to lift his finger against this hitherto universal practice—against a practice which it was boastingly said had stood the test of thirty centuries! From the moment the writer published a discovery which made it as clear as day that almost everything the medical profession had been doing for these three times ten centuries was a mistake, he was marked for destruction. From 1836 to the present hour he has had a professional enemy in almost every English home to calumniate his motives and decry his practice. Dr. Seymour, one of the Censors of the College of Physicians, had the audacity to tell a Committee of the House of Commons, that "the chrono-thermal man" held nothing but a foreign diploma; though, had Dr. Seymour looked into the 'Medical Directory,' he would have found the "chrono-thermal man" possessed the double qualification of a Glasgow degree in Medicine, and a diploma of the Edinburgh College of Surgeons.

CHAPTER II.

FINDING myself still opposed as fiercely as ever by the very men who were gradually adopting my practice, I commenced in 1856, a monthly journal, entitled the *Chrono-thermalist, or People's Medical Enquirer.* In this journal, which I continued, for two-and-twenty months, single-handed, I did my best to expose the fallacies of modern physic. For that purpose, I critically reviewed, *inter alia,* the theory and practice of Dr. Watson, the then leading metropolitan physician. To the sanguinary practice of that gentleman I shall hereafter have occasion to advert.

Resting on my oars for a season, I laid aside my pen till 1853, when I published the first of four editions of the *Destructive Art of Healing—a Sequel to the Fallacies of the Faculty.* While showing to what extent both my theory and my practice had, from time to time, been plagiarised by some of the most eminent physicians in England, these various publications afford the best refutation to the malignant misrepresentations that were everywhere spread about by my professional brethren in civil life;—for, to the honour of the medical officers of the different public services, I must except them from a charge so disgraceful. I must except also the late Sir Astley Cooper, Dr. Southey, Dr. Heberden, Mr. Fergusson of King's College, Mr. Hilton of Guy's Hospital, Dr. Ruttledge, and other honourable men in civil practice.

All this time not only had I to contend with the great body of the medical profession throughout the country, but I had also to meet the opposition of the conductors of the medical press, who, for reasons of their own, joined in the outcry against me. The simple advertisement of my

works was denied admittance in the advertising columns of the *Lancet*—when tendered with the money.

Nor was this enough. Again and again, while my opponents were openly pilfering my views, I found it next to impossible to let my voice be heard in any medical quarter. Depending on the profession for the sale of their publications, the editors of the medical journals have rarely dared to let me speak for myself. During a quarter of a century I have thus been the victim of a great professional conspiracy—a conspiracy having its affiliations in every city and town of the empire. During all that period, whether in England or the Colonies, my discoveries, as the sequel will show, have been alternately denied, decried, and plagiarised. The *British and Foreign Medical and Chirurgical Review* is almost the only medical journal that has in any way spoken of me favourably; and this exception is the more remarkable, inasmuch as seventeen years before, the same journal, in a notice of *The Fallacies of the Faculty*, was loud in its condemnation both of myself and my system. True, in 1843, the date of that article, and long after, as the reader has seen, "depletion in all its forms" was the prevailing practice of English medical men. The late Sir John Forbes —to whose contradictory doings I shall in due time speak —then edited the *British and Foreign Medical Review*, and took his cue accordingly. But times have changed considerably for the better since 1843. Consequently Dr. Sieveking, the gentleman who in 1860 wielded the editorial pen of that Review, found it less difficult to reverse the judgment of his predecessor. In his July number for that year, Dr. Sieveking, while criticising *A New Theory of Disease, by Dr. Inmann*, referred at some length to the theory and practice of the late Dr. Todd;

and he further took occasion to compare the theory and practice of both authors with the theory and practice of Dr. Hughes Bennett. Though differing very considerably from each other in their theories, these three physicians, the Reviewer showed, came very nearly to the same practical conclusions;—all of them more or less advocating tonic and supporting treatment in lieu of exhaustive measures. Heartily coinciding with Drs. Todd, Bennett, and Inmann in their curative means, the editor of the *British and Foreign Medical and Chirurgical Review* made the qualified admission noticed by Dr. Heberden in his letter to Dr. Page. For the purpose of comment, I quote the Reviewer's words verbatim:—

"And to give every one his due, it must be allowed that *whatever merit belongs to these three*, the PRIORITY, to a great extent, in this country at least, must be assigned to Dr. Dickson, the Apostle of Chrono-thermalism, who has long reviled antiphlogistic proceedings, and lauded a treatment essentially supporting. We do not know whether our friends will be pleased *stare sub nominis umbrâ;* but it is certainly true that Dr. Dickson long ago asserted much the same as what the two English physicians teach."

Has the reader remarked how timidly and grudgingly the merit of "priority" is awarded to the right man here? The Reviewer, Dr. Sieveking, felt himself on tender ground. Though evidently well enough disposed to me, he could not afford to let the whole truth out on this occasion; otherwise he would have told the world that what Dr. Todd in his lifetime taught, and what Dr. Bennett and Dr. Inmann still teach—so far as *treatment* is concerned—were and are neither more nor less than so many miserable piracies from my previous teachings. But I bear the Reviewer no malice

for that omission. Dr. Sieveking, doubtless, had his reasons for being afraid of the touchy gentlemen who subscribe to the *British and Foreign Medical and Chirurgical Review;* and it is a significant fact that three short months after the date of that article he felt himself compelled to retire from the editorship of that journal.

What does Dr. Sieveking mean by the words "to a great extent?" During thirty years, at least, I have carried out the principle of support in every form of disorder—apoplexy, paralysis, and pneumonia included. Instead of bleeding and exhausting my patients, I have given stimulants and tonics in these diseases, where required, as freely as in any other complaint. It is not very easy to see how I could carry out the supporting principle further. I certainly did not fall into the error of Dr. Todd, who, according to a statement in Dr. Page's Harveian Oration, occasionally gave stimulants to excess, to the manifest injury of his patients.

Then as regards the phrase "in this country at least," I shall be glad to know in what other country, and by whom I have been anticipated in my "essentially supporting" practice in all complaints. It was not in France, at all events, as may be seen from the note below.*

* "It is curious to watch the opinions expressed by the *élite* of French physicians on the effect of stimulants in diseases; their dread of using them, and yet partial belief in, and astonishment at, their utility. They are still frightened because they can find no explanation of the fact. 'We admit,' says the *Gazette Médicale*, 'that this has been our difficulty; despite of ourselves, the instinctive fear of a fire (*de l'incendie*) has prevented our acceptance of this treatment; and we have always acted with the greatest timidity in giving generous wines in these kinds of affections. It was in vain that we saw the tongue become clean, and the appetite increase, under their influence; prejudice and dread of some unknown evil always remained behind. Our judgment accepts the fact, before we give our adhesion to them."—*Medical Times*, October, 1860.

Neither was it in Germany or Spain, the physicians of both countries being still as notorious for their lowering treatment as they were in the days of Sangrado. Nor yet was it beyond the Alps. Count Cavour, for a fever, variously described by his physicians as "the gout," "congestion of the brain," "brain fever," "*intermittent* fever," &c., &c., was by the Turin doctors three times bled in one day, and twice the next.* If we turn to the Western hemisphere we shall be equally at a loss for an answer. All throughout America the older physicians, while bewailing modern innovations, ascribe the downfall of blood-letting in the new world to a too ready acquiescence in what they are pleased to call "the chrono-thermal quackery of Dr. Dickson."

Dr. Sieveking styles Dr. Dickson "the Apostle of Chrono-thermalism." I claim, on the contrary, to have discovered the system. The term Chrono-thermalism is a compound of my own coining—a derivation from two Greek words *Chronos*, Time, and *Thermà*, Temperature or Heat. Hence also Chronometer and Thermometer!

It will not be denied that whether in health or disease, a movement, more or less orderly, is constantly going on in every part of the living body. Every organ and atom—or as it is now the fashion to call atoms molecules—every organ and

* "There never was a clearer case of a man murdered by his medical attendants. Within the very short period of five days they attempted to cure the Count of four or more different complaints,—congestion of the brain, typhus fever, intermittent pernicious fever, brain fever, dropsy, and, lastly, gout; and for all these diseases they could think of nothing but their own sovereign remedy,—the lancet. I think these excellent practitioners are worthy to have their names sent down to posterity. They were Dr. Rossi, Dr. Mattoni, and, towards the end, the king's physician, Riberi, the same in whose hands the mother, wife, and brother of Victor Emmanuel expired, one by one, in the early months of the fatal year 1855. Dr. Tommasi, who was summoned from Pavia by Cavour's friends, was not admitted to consultation."—*Turin Correspondent of the Times Newspaper, June* 6, 1861.

molecule of the frame must therefore keep time, more or less perfect in its movements. How could the nose on the face, or the finger with which we point, preserve its shape, if its constantly changing molecules kept no time in the order of their *exits and extrances?* The Chronometry of Man only ends with the Life of Man. Like the clock he is a chronometer more or less perfect till he stops altogether. Moreover, there is a certain thermal state—a certain temperature—beyond which, if his living body, in whole or in part, rises or falls, we find disease;—which disease may be either a cause, a consequence, or a coincidence of such increase or decrease of temperature.

> " So long as Life's chronometry is true,
> And all's well thermally, 'tis well with you.
> Therefore—to shame the doctors of the schools
> Who work so often with destructive tools,—
> Whate'er to chrono-thermal comfort tends,
> Promotes in all things Physic's aims and ends! "

Some of my readers may object to verse, as unfit for the elucidation of a scientific subject. That was not the opinion of POPE, who, in the Preface to his ESSAY ON MAN, gives very substantial reasons for believing the contrary. " I chose verse," he says, " and even rhyme, for two reasons. The one will appear obvious; that principles, maxims, or precepts so written, both strike the reader more strongly at first, and are more easily retained by him afterwards. The other may seem odd, but is true: I found I could express them more *shortly* this way than in prose itself; and nothing is more certain than that much of the *force* as well as *grace* of arguments or instructions, depends on their *conciseness.*"

Whoever has read the " Essay on Man," will be satisfied that POPE was right when he made " verse, and even

rhyme," the vehicle of his matured thoughts on the ethical science of England. Besides, is not the early popular science of most nations embodied in verse; as in the case of their proverbs and aphorisms? These very generally are in rhyme, though, sometimes, in alliteration; which latter, after all, is but a rhyme in advance. And thus it is that proverbs so frequently come into play in the business of every-day life; for, without the aid of rhyme or alliteration they would soon fade from a nation's memory. With these examples before me, I shall occasionally avail myself of rhyme in my further exposition of Chrono-thermalism.

When the savage for the first time sees a watch, his exclamation is "It lives!" Why? Because of its lifelike movements, The watch keeps periodic time like the beating of his own heart! The body of man, like a watch that strikes the hour, is a repeater and a time-keeper throughout. The nearer you bring the movements of any machine to the movements of animal life, the more perfect you make the machine. There are chronometers that play and sing like a bird; could they do either without a mainspring? Considering the amount of regular work a man must do every day of the year, and every year of his life, the inference is, his body must have a main-spring somewhere.

So far as the Chronometry of his living body is concerned, the main-spring of man, I repeat, is in the Brain. Like the main-spring of the machine that tells the hour, this organ regulates the movements of every wheel and pulley of his frame. But, having far higher functions to control than the machine of man's invention, the brain's rule does not stop here. The brain is not only the main-spring of Time, but the main-spring of Temperature also; for in addition to its chronal force, it has thermal power, the power to heat and cool. You may find this daily exemplified in your own

person every passion and emotion of the mind being attended by some thermal change.

> The brain, moreover, to a great extent,
> Can mend the wheels themselves when broke or bent,
> Whether, observe, the local flaws begin
> From outward sources or disease within!

If a healthy man be cut or bruised, the injured parts may, in numerous cases, get well without any surgical appliance whatever. And where local complaints, on the other hand, have been the result of long-continued constitutional wrong,—wrong induced by starvation, excessive heat or cold, or by hard work, whether of body or mind,—the cure may be materially helped by wine, brandy, bark, steel, &c., all of which, every body *should* know, tell on the brain! Now to the brain there are many avenues. When you want to touch this organ you need not bore a hole in a man's head; you may reach the brain very readily through the stomach. In the stomach the food and drink are digested; here it is the machine is daily wound up. Through the stomach, too, wine and medicines enter the system, and finally help or hurt it—for, according as they are used or abused, they may do either—by their action on the only organ by which the body can be moved—the brain! But you may get at the brain, whether for profit or loss, by various other paths. Through any one of the five senses, the brain may be reached, favourably or unfavourably, whether in health or sickness. Men, for example, have been cured of their fevers by music; others have recovered from their complaints through pleasant or unexpected sights. The mere act of tickling, on the other hand, has produced convulsions; and things disagreeable to the taste or smell, have brought on febrile relapses, and even death, where convalescence had been actually established.

In all these cases the source of influence, whether curative or the reverse, is the brain. There are few diseases that have not been caused or cured through the medium of the passions. Superficial observers frequently ascribe these effects of cerebral perturbation to the influence of the heart and circulation; but herein they mistake. The head, not the heart, is the seat of the passions and emotions. The heart in truth is a mere mechanical contrivance to circulate the blood; and although the brain could not continue its functions many minutes without the support of the heart, the heart itself, like every other organ of the body is dominated by the brain.

One of the readiest roads to the head is through the lungs. You may reach the brain in a minute with chloroform, for example. The power of this drug is something marvellous. When under its influence, a man may have his limb cut off without any sensation whatever; and even when he recovers from the artificial trance, he may still have neither pain nor uneasiness. Why? We have all seen a person after a fit of epilepsy. After a fit of that kind, people have no remembrance of anything done to them during the fit. During the epileptic paroxysm, the mental portion of the brain is all but completely torpid. The same thing happens during the anæsthetic sleep of chloroform. In neither case, on recovering, can a man remember *what he never felt!* But mark what may happen after amputation performed on a patient under chloroform. The same man who felt no pain in the stump either during or after the operation, may continue for many successive months to be attacked with the identical *local* symptoms for which his limb was removed, at the hour of the day or night when he was wont to suffer martyrdom before its removal! And more than this, if seized by his old enemy

during sleep, he may awake exclaiming, "Oh, my leg! my leg! it pains me just as severely as when it was on!" More curious still, so far as his own feelings are concerned, the same man will tell you he can actually move the foot and toes of the amputated limb! What do these facts prove? They prove—

1. That the Brain is the source of all motion and all sensation whether healthy or morbid. They prove inversely—

2. That the Brain is the source of rest and remission, sleep included. They further prove—

3. That the Brain is the source of all paroxysmal recurrence, whether the more prominent symptoms be general or local,—local, so called.

> How else, when once our maladies remit,
> And ease succeeds to the distressing fit,
> How could the ORGANIC MEMORY recall
> The local symptoms, pain and heat and all,
> In sense at least, even in the very part
> Removed for ever by the surgeon's art!

This Organic Memory is a very wonderful thing. It is on this memory, of which, by the way, the patient is himself mentally unconscious, that the paroxysmal recurrence of all diseases depends—wherever or however they may locally manifest their symptoms! Without this unconscious memory, life, whether in health or sickness, could not last a day. The Organic Memory plays periodically the same part in the interior economy, that the mental memory performs in respect of actions of which we are sensibly cognizant.

> While this directs the various outward acts
> Whereby the mind repulses and attracts,
> And in the intervals of work and rest,
> Recalls the joys that give to life its zest;
> That, for the inner workings of the frame,
> Does in a silent manner much the same;—

Preserving thus, where health exists at all,
The pleasant sense we Britons "comfort" call.
If, as an offset where bad feelings cease,
The first renews the thoughts that wound our peace,
The second, in its movements more occult,
Brings to the "physical" a like result,
Causing even local injury and pain
To come, when past, by fits and starts again.—
But these two memories, differently fed
Spring from one source within the living head!

It was the belief of the celebrated BICHAT that the brain, during sleep, suffers collapse, and is at perfect rest. I hold, on the contrary, that cerebral action goes on both night and day; and I further maintain that during sleep the action of the mental part of the brain is the *reverse* of its action while awake. The brain is the source of Expenditure by day, while by night it presides over Nutrition and Repair. Dreaming I regard as the Insanity of Sleep; the delusions of insane people resembling dreams very closely. So also do the delusions of inebriated men. Without sleep there can be no growth; that is why growing children sleep so much more than adults. Growth, then, like Nutrition and Repair, has its source in the brain. The Organic Memory must play its part in all three. Without the Mental Memory, on the other hand, there could be no intelligence, neither could there be intelligent action. The law that regulates body and mind is one and the same. Both, when disordered, are subject to paroxysm and remission. The lucid interval of the maniac, whether perfect or partial, gives the lie direct to the assumption of the mad doctors that the brain is softened in insanity; so far, at least, as the word "softened" implies change of structure. The brain of an insane person, like every other organ of the body when diseased, "loses condition;" but, like muscles and other parts when weakened by long sickness,

the insane brain may, in most instances, recover its former firmness and stability while the patient has a limb to stand on. Intelligence and the power of intellectual action are the gifts of the Creator which no animal is without; but, even the very highest order of animals possess intelligence in a much less degree than man. Nevertheless, all animals think and reflect; and all are therefore liable to mental as as well as corporeal disorder. Moreover, there can be no mental disorder without corporeal disease.

> Order, disorder—sanity, insanity;
> Do these exclusively concern humanity?
> The horse, the dog, the fox become insane
> By things that daily turn the human brain;
> And drugs that stupify or sharpen men
> Serve birds and beasts the same, nine times in ten.
> When these go mad, Remission, Fever's law,
> Shows, as in man, the nature of the flaw.

Mania, or insanity, according to this view, is merely a remitting delirious fever, a fever too often made chronic by neglect or ill-treatment; but, like most other disorders, in the great majority of cases curable by febrifuges simply. Of this I have elsewhere given many examples. Taking advantage of the pause in the maniacal symptoms, and,—caring no more about the character of the patient's delusions than about the delusions of a drunken man,—with bark, steel, wine, &c., I have in numerous instances prolonged the remission here, however partial or imperfect, to permanent sanity. The mad doctors, who register the various delusions of their patients with an amusing minuteness, will say, of course, that this cannot be done; and they will bring you many very specious arguments against such "a dangerous method of treatment." Nor are these arguments, however sophistical, without their weight in certain quarters. The English people are naturally slow and

cautious; but here, unfortunately, as in numerous other instances, their caution is exerted in the wrong direction. Putting their trust in men, who, they think, "must know all about it," they seldom or never examine for themselves. The mad doctors, like other doctors, whatever they may say to the contrary, have their own reasons for resisting quick cure; but it is not to the friends of the patient they confide their private thoughts.

> Where duty and men's interests are at strife
> How not to do it, is the rule of life.

"Return we to Vital Periodicity—return we to the Chronometry of Life. For upwards of twenty years denied and decried by the great body of medical men, the discovery of the Chronometrical nature of Life was a few years ago, plagiarised in the most impudent manner by Professor Paget. In the summer of 1859, Mr. Paget delivered a lecture at the Royal Institution, "On the Chronometry of Life," wherein he showed, with some unction, how nearly "the periodicities of organic life" are related to the thermal conditions of the body. Not once in the course of his elaborate lecture did Mr. Paget name the name of the author of the Chrono-thermal System!

In spite of the reluctance of the conductors of the medical press to entertain the question, the originality of "Mr. Paget's Theory" began to be canvassed; and in their notices to some of their more importunate correspondents proofs of the fact oozed out. These did not escape the eyes of the present writer's friends. Accordingly, the same gentleman who, in 1860, so much to his honour, demolished the fictions of Dr. Page, made, with a few strokes of his pen, a still uglier hole in the reputation of Mr. Paget. Hear Dr. Heberden on the subject of this plagiarism. Read the subjoined letter.

"CHRONOMETRY OF LIFE.

"To the Editor of the *Medical Circular*.

"Sir,—Among your 'Notices to Correspondents' of this week I find the following:—

"'*Mr. Paget's illustrations may not be new, but the merit of his lecture consists in recognising Chronometry as a pervading law in the animal economy.*'

"If Mr. Paget's illustrations are not new, to whom, let me inquire, do we owe the discovery that Chronometry is a pervading law in the animal economy?

"To whom, moreover, do we owe the knowledge of the important part played by *Temperature*, whether as a cause, coincidence, or effect of each and every of the movements that make up Life's Chronometry—a part on which Mr. Paget dwells at considerable length in the lecture of his you have just published?

"'*The influence of Time, as an element of action*,' you admit, '*has not been dwelt upon by physiologists, who have talked a great deal about all kinds of mechanical and chemical forces.*'

"To whom do we owe the introduction of an element into physiology, which for some years back has been silently reversing the whole treatment of disease?

> "'Why vaunt the progress of our art and age,
> Yet leave unnamed the individual sage
> Whose genius brought to light the golden ore,
> Whence drudging slaves drew only dross before?'

"*Suum cuique.* Yours, &c.,

"THOS. HEBENDEN, M.D.,

"Fellow of the Royal College of Physicians.

"Park Street, June 18, 1859."

To this letter, Dr. Ross, the Editor of the *Medical Circular*

appended the following words, which appeared in brackets, thus :—

"[Our correspondent obviously refers to Dr. DICKSON, whose merits on this and other questions his favourite law, 'Time,' will determine. We do not presume to anticipate the verdict. As our correspondent says—*Suum cuique.*—ED. MED. CIRCULAR.]"

Short but sweet! But instead of "obviously referring to Dr. Dickson," Dr. Heberden, as his letter shows, obviously referred to nobody at all. Dr. Heberden, doubtless, like every other well-informed physician, knew the only man his questions could touch;—but he studiously left the hiatus for others to fill up. That hiatus the Editor of the *Medical Circular* filled up with the name of "Dr. Dickson." But while reluctantly doing me this justice, Dr. Ross chose to reserve his praise, not for the discoverer, but for the plagiarist who, while recognising "Chronometry as a pervading law of the animal economy," omitted to name the man who made the discovery!

CHAPTER III.

LET me now draw the reader's attention to a remarkable passage in the writings of a progenitor of the gentleman who, in the cases of Dr. Page and Mr. Paget, did such good service to truth by his boldness and honesty. The following passage from the pen of the *elder* Heberden shows that, however lightly that celebrated man estimated the medical science of his day, he did not absolutely despair of medicine:—

"The Art of Healing has scarcely hitherto had any guide but the slow one of experience, and has yet made

no illustrious advances by the help of reasoning; nor will it probably make any till Providence think fit to bless mankind by sending into the world some superior genius capable of contemplating the *animated* world with the sagacity shown by NEWTON in the *inanimate;* and of discovering that great principle of life upon which its existence depends, and by which all its functions are governed and directed."

These words were prophetic!—Reader, you will find them in HEBERDEN'S *Commentaries on Disease,* a work which was not printed until the year 1802.

Up to our epoch—HEBERDEN was right—
The Healing Art possessed no certain light;
For none yet knew the ONE-NESS that pervades
Life's fitful rule through all its varying shades;
Though, had he lived, that able man, perchance,
Had struck the path that just escaped his glance.
The animate world, like the inanimate sky,
Has since been scanned by an inquiring eye,
And Medicine, so debased in ages past,
Points to the great life-principle at last—
At last revealed!—the PERIODIC LAW,
Seen in the sun and stars, as NEWTON saw;
Seen in the flux and reflux of the tide;
Seen in the seasons as they come and glide;
Seen in the swallow's flight and salmon's leap;
Seen in the trade winds on the mighty deep;
Seen in the bursting clouds that break its calm—
Storm-clouds at first no bigger than your palm!—
The Periodicity of Nature's Plan,
In all its parts, is now revealed in Man!

Throughout the animate and inanimate WHOLE,
Where but for this were order or control?
Without this great ELECTRIC LAW, earth, sea,
Sun, star, or living thing could nowhere be;—
The highest mammal and the meanest worm,
Through this preserve their species, type, and form:
Through this man, beast, bird, reptile, fish, and fly,
Are born or bred, renew their race and die;—

Die and yet live!—for through this Law of Laws,
Death, their last sleep, is but a vital pause.
Come weal, come woe,—no matter what befall,—
This with its tidal turn gives Life to all!

The harmony existing between all natural phenomena, —"the correlation of the sciences" as it is now called— I claim, so far as medicine is concerned, to have discovered. Does not this harmony to a certain extent afford *primâ facie* evidence of the truth of the Chronometry of all vital phenomena, whether morbid or sane? But it was not on this sort of evidence only I chose to rest my case. The proofs brought forward by me were of the most cogent and convincing kind, and applicable alike to health and disease.

So far as disease is concerned, if we except a few cases, and those chiefly of a mechanical kind, there is no form of disorder, whatever its real or presumed cause, in which examples of Periodicity may not be found.

The periodic disorder most familiar to medical men is Intermittent Fever or Ague. Whether recurring on alternate days, or at shorter or longer periods, the paroxysms of ague keep time, in most instances, like the clock. But the periodicity, so obvious here, instead of being ascribed by physicians to its true origin,—an *internal* chronometrical law of the living system, having its source in the brain,— was, till of late years, universally believed to be the result of an *external* hypothetical cause, which, according to them, vitiates the blood. This myth, as we have seen, they now call "malaria." With daily and even hourly examples before them of periodic remission and exacerbation of every symptom whether local or general, in complaints proceeding directly from blows, burns, and other similar agencies, such, up to 1836, was the settled belief of the most eminent physicians!

It was a long time before I could disabuse my pro-

fessional brethren of this error. Many indeed still hold to that belief.

The very fact of the Remittency of all diseases was, in the first instance, stoutly denied; nor, except in the case of the ague, could medical men at first see the value of Remission as a guide to the treatment of any disorder whatever. Naturally enough, therefore, the critics in the medical journals sneered at me for making "*Intermittent* Fever," instead of "Fever in the *large sense* of the word," the type of all disease. Their ignorance of the fact that all fevers being paroxysmal, must of necessity, from the commencement to the close, have remissions of some sort, is here made very conspicuous. Full of their school notions that the proximate cause of fever must be either some "inflammation" or "congestion" of some internal part; or some local pressure or fixity not always easy to diagnose, these gentlemen had not the remotest idea that there never can be, and never was since the world began, a fever of any description whatever without remissions more or less perfect in kind. And even when the remittency of all diseases was at last slowly and reluctantly conceded, it was almost impossible to convince the doctors that regularity in the period of paroxysmal recurrence is the rule, and irregularity the exception. But the writer was not to be driven from his position here. The regularity of recurrence of all vital phenomena, whether morbid or sane, being a law of the living economy, I had no difficulty in logically proving by facts patent to everybody—everybody, at least, who has eyes, and will use them—that this is the law of paroxysm and remission in all complaints. Like other laws, it is, of course, subject to the interference of disturbing causes; and these causes in the present case are twofold. Whatever, for instance, tends to *alleviate* the instability of the brain, on

which paroxysmal recurrence of every kind depends, will, as a matter of course, interfere with the regularity of recurrence to the benefit of the patient. Whatever, on the contrary, has a tendency to *aggravate* that cerebral instability, will do the reverse. While easterly winds, for example, atmospheric humidity, bad news, bleeding, and other exhausting medical treatment very generally render the paroxysms of every disease not only more frequent, but more rebellious; westerly breezes, a dry atmosphere, good news, bark (quinine), steel, and the judicious use of stimulants, tend as generally to the advantage of the patient, by rendering the paroxysms less frequent and more feeble, or by stopping them altogether. Whatever debilitates and exhausts the brain, fosters a wrong habit; whatever strengthens and supports the brain, helps the patient to shake it off.

The opposition raised by medical men to the use of the Peruvian bark in Ague, on its first introduction by the Jesuits, was, for obvious reasons, long and fierce. It comprised the leading doctors in every town in the empire. This opposition gave way at last: and it is but justice to the profession to say, that for years back, whenever the majority happened to detect regularity in the paroxysms of any fever, they prescribed bark at once, and stopped the fever. Most medical men give it now (in the form of quinine) wherever periodicity is traced. But their practice here, though right and proper, is to this hour dictated by a false hypothesis,—the hypothesis that the paroxysmal repetitions in all periodic complaints spring, not from a law of the living economy, but from "malaria"—that bugbear of their own creation! Acting on this belief, their treatment of diseases which arise from palpable causes—burns, blows, &c., has, till of late years, been in almost every

instance bad. Their exhaustive practice, indeed, on the outset of almost all complaints, completely misled them here. Instead of stopping or alleviating the paroxysms, that practice very often produced irregular paroxysmal frequency and led also to long continuance of the disease in cases where, without their interference, periodicity might have been easily detected. The remissions natural to all disease, which in spite of their bad practice were sure to happen, the doctors actually mistook for the results of their own most excellent treatment! Hence, instead of trying, with febrifuge medicines to prolong the duration of these natural remissions to a permanent cure of the disease, the whole medical fraternity, when these recurred, folded their arms and stood stock-still like so many idiots;—the patient, according to their view of the case, being so much the better for the bleeding, leeching, or whatever else was done for him during the fit. *Post hoc* with them was *propter hoc* here.

> They did not know, with all their fancied wit,
> That, bleed or not, the fiercest ills remit;
> Remit, recur, remit, and come again,
> Till Art or Nature FIRM the unstable brain.

And thus, instead of strengthening the mainspring of the man during the remissions by cordials and febrifuge medicines, and thus preventing the return of the fits, the doctors continued as they began, to bleed, leech, and purge, on every fresh accession of the paroxysm, until the patient was either within an inch of his life, or until they killed him outright, as the Italian physicians most assuredly managed to do in the case of the unfortunate Count Cavour.

With these explanations, we have a complete key to the whole subject of the intermittency of disease, whether regular or irregular, partial or perfect. We have no difficulty now in understanding how, by bad treatment, the

most regular and most easily curable fever may become the most irregular and most difficult to cure of febrile complaints; and how by good treatment a fever, in the first instance only partially or irregularly remittent, may, where exhaustive measures have not been used, pass very briefly to a healthy state of body.

The reader may now settle for himself the question, to which of two things we owe the recent reversal of Medical Practice,—to the discovery of the Unity, Remittency, and Periodicity of all disease,—or, as Dr. Page and the College of Physicians would have the world believe, to some imaginary change of the atmosphere, or to some equally imaginary change in men's bodies,—neither of which, by the way, they can themselves substantiate by anything better than the illusory word "perhaps!"

CHAPTER IV.

All our great philosophers and poets have made the phenomena of Life more or less their study. Shakspeare, one of the most observant of men and things, and one of the profoundest and clearest thinkers of this or any other country, calls Human Life a "fitful fever." If this phrase in no way misrepresents the phenomena of Life in health, —if it in no way misrepresents the *orderly* phenomena of Life,—what can the modifications of the same phenomena which we call *Disorder* be, but modifications of Fitful Fever?

It will scarcely be denied by any reader of these pages, that the source of all disease, like the source of all ease, is the brain; and no man in his senses can possibly doubt that the brain is the source of the passions and emotions.

Now it is a well-known fact that, from ague to erysipelas, from the gout to diabetes, there are very few diseases which may not be caused by the passions. The resemblance between a fit of ague and a passionate fit,—a fit of fear, rage, grief, &c.,—is very remarkable; and this resemblance has not escaped the observation of thinking men. Shakspeare, for one, makes use of the phrase, "this ague-fit of fear."

Ague is fever in its least complicated form. That is why I assume it to be the type of all fever. And as no local complaint of a constitutional character can come without some general remittent fever or feverish wrong,—some fitful error both of Time and Temperature,—I assume, moreover, that this type of fever is the type of all disease.

Whether from some real or imaginary localism, the physician speaks of a given complaint as a gastric, a splenic, a hepatic, or a hysteric affection;—or whether, in fine, from

> "some supposed blood taint,
> Some humoral myth, he christens the complaint
> Scrofula, scurvy, rheumatism, gout,—
> Those senseless terms men so dispute about,"

all diseases, I contend, begin or end with fever—fever chronic or acute.

Passing from diseases, the causes of which may be anything and everything the mind of man can conceive, to those disorders which can only be produced by a specific contagion—the *Exanthemata*, as they are called—where can we find a better example of Unity of Type than in Small-pox? No physician, however able or observant, could, on the first outbreak of small-pox, tell this disease from any other acute fever; for here we have each and all of the three stages in which a regular paroxysm of fever consists,—the cold, the hot, the sweating;—and this paroxysm may remit and re-appear more than once,

before the eruption gives any hint of the true nature of the malady. Remission of the symptoms, whether local or general, is common to all complaints.

Take chicken-pox, take measles, scarletina,
Diptheria, influenza,—take angina,
Take any illness man may yet discover,—
All will be found remittent; all, moreover,
In certain weakly frames, may sow the seeds
Of any local evil ague breeds.

Further, in these and indeed in almost every other disease, you will find febrile or aguish paroxysms more or less marked.

In jaundice, croup, consumption—what you will,—
The ague-fit is sure to meet you still.
Whate'er the external sources of disorder,
All our complaints come in this aguish order;—
Chills, heats, and sweats belong to one and all,
General or partial, as they chance to fall.
And all and each—unchecked by bark or steel,
Or other influences that tend to heal—
Follow a natural course of fit and pause,
For periods varying with the case or cause.
But some may ask,—as you may fairly do,—
What is disease's most unfailing clue?
The answer is, 'Remission!' Short or long,
This, as a rule, can never lead you wrong!

Ah! but the local complaints! what clue, the reader will inquire, have we for the treatment of the numerous local complaints that may grow out of the various febrile diseases just enumerated? The answer is the same,—Remission!

Look at the local ills that, day by day,
Grow out of febrile ailments—what are they?
Stripped of the technicalities of art,
Swelling or wasting of some given part—
Leading, of course, to loss of form and function,
A joint, for instance, thus may loose its unction;—
Secretions in excess or diminution,
Variously changed in look and constitution;

Morbid increase or decrease of a sense;
Cramps, spasms, and palsies more or less intense;
Bleedings from lung or windpipe, stomach, gum,
Or other parts whence hæmorrhage may come;
Eruptions, ulcers, so called inflammations,
Decompositions, disorganisations;—
No matter what men style the morbid thing—
In these, as in the Fevers, whence they spring,—
Whether we look to size, pain, thermal change,
Or other signs within disease's range,
We find Remission still the common bond,
The one grand key-note whereto all respond!

Reader, let this pause in the symptoms, whether perfect or partial, be the key-note to your treatment of all these, so called, diseases. The greater number of these diseases—if you take advantage of the remission—will, in individual cases at least, yield to bark or iron.

It is on the Brain,—the source of motion and rest, the source of ease and disease,—the source of paroxysm and remission, local as well as general—that bark, iron, and every other remedy, whether passing into the blood by the stomach, lungs, or skin, sooner or later tell. Through the organ that FEELS the hurt, must the injured parts of the human frame be touched, before they can in the very least be benefited by any kind of healing force. In diseases obvious to the eye,—diseases of the the skin, for example,—what is the usual result of mere local measures? Rarely or never do skin diseases, whether chronic or acute, yield to local remedies. Why is this? Because the eruption that strikes the eye, is not the *beginning* but the *end!* Like all other local complaints not caused by direct mechanical or chemical agency, diseases of the skin gradually grow out of successive fits of remitting febrile wrong. Accordingly, while resisting every kind of local tinkering, skin diseases will often readily yield to some

medicine of a febrifuge character,—arsenic for instance,—arsenic, next to bark and steel, the most successful remedy for intermittent fever!

But what about complaints which never remit at all? Some few diseases of this kind there certainly are,—diseases of a purely surgical character,—such as strangulation from rupture, and other affections produced by permanent mechanical obstructions. Wherever you have permanency of symptom, look for permanency of cause. Wherever the symptoms remit or intermit, the cause cannot be permanent. Therefore, whether for the detection or for the cure of disease, there is no clue which can be compared to Remission. In the case of permanency, surgical assistance may or may not be necessary; here, at all events, doubts may arise. In the case of Remission, your course is clear.

Principiis obsta—on the outset act,
And crush disease at once by skill and tact;
Crush it ere from neglect the frequent fit
Becomes a habit difficult to hit.
However fierce the storm, expect a calm;
Now is the time for the preventive balm!
Whether, as in the Ague's simpler forms,
Remission lasts a day between the storms,
Or gives ten minutes' respite to the frame,
The principle of cure remains the same.
What is that principle? As in the Ague,
To stop recurrence of the fits that plague you.
Strengthen the head, and leave the parts alone;
You know the means to give the main-spring tone?
Relying on the lull, however brief,
Push bark or steel to permanent relief;
And failing these,—for both may disagree;—
Change to whatever else makes FEVER flee.
If the Remission, treated thus, endure
For an indefinite period, that is Cure!

It may be here asked,—In what forms of disease are bark and steel liable to disagree? The answer is,—in all;

and for a very sufficient reason—diversity of constitution. In diversity of constitution then, as we have seen, lies the explanation of the apparently contradictory results of the same medicines in different bodies, even in the same form of disorder. While keeping in mind the theory of the Unity, Remittency, and Periodicity of all disease, we must never in practice forget constitutional diversity.

CHAPTER V.

Allusion has been already made to the extensive bearings of the Law of Periodicity. But for this law the husbandman would neither know when to sow, nor when to reap. Knowing this law, the astronomer calculates and foretells to the day, hour, and even minute, the return of comets and eclipses. Without a knowledge of the Periodic Law in Health and Disease, the man who undertakes the practice of physic is either a fool or a charlatan. Yet, in the cases detailed in the medical journals of the day, the references to periodicity are few and casual. The editor of the *Lancet* indeed, on one occasion, went so far as to say, that the Periodicity of Disease is of little importance as a guide to treatment. If that be true, why ask if the secretions from the bowels or kidneys are regular or irregular—too quick or too slow?—why count the pulse watch in hand? However much the pulse of disorder differs from that of health, it is usually very chronometrical. Even the intermittent pulse keeps more or less perfect time in its remissions. So long as the main-spring of the body continues to act at all, the movements of the frame, normal or abnormal, like the movements of the watch which goes rightly or wrongly, must be, more or less periodical or chronometrical.

During health the repetitions of the movements of the

body are, with little exception, of a nearly uniform periodicity in all. During disease, on the contrary, the periodicity of the paroxysmal recurrence, so far as different individuals are concerned, is as various as there are varieties in faces and forms. But whether in health or disease, the order of return, whatever the duration of the interval, is strengthened by habit. Each successive repetition of a movement, wrong or right, strengthens the disposition to a return of the same movement at the same period of *time*—more especially if the subject continues to reside in the same *place*. Some diseases, indeed, cannot be cured till the patient removes from the place where his disease originated: and every now and then instances occur where the tendency to paroxysmal repetition may, from neglect or otherwise, become so completely the law of the individual life, as to defy all the resources of the most enlightened physician to subdue it. Epilepsy, or the "falling sickness," more frequently than any other form of disease perhaps, affords an exemplification of this rebellion against the best resources of the healing art. The disposition to recurrence in all our vital movements, whether morbid or otherwise, applies to everything human, We trace it throughout the whole of society—in our customs, crimes, prejudices, and every other good or evil thing involved in the destiny of man. In cities and communities man is a mimic;—each individual is more or less the ape of each. The periods of movement and repose of the individual man are regulated by the movements of the mass of which he is an atom; and in the paroxysmal aberrations to which the body *corporate*, like the body *individual*, is from time to time liable, man performs almost unconsciously his atomic and inevitable part. At such times public opinion and public action are as the action and opinion of one man; hence national wars,

national rejoicings, national panics, and all the other passionate outbreaks observable in the social system!

So far as relates to the paroxysms of human disease, the period of return, more or less regular in the individual body, differs with different people in almost every case of the same disorder. Take the case of ague, for example. The paroxysmal repetition in one case will take place regularly every day at the same hour of the clock, unless arrested or interfered with by accident or art. In another it will come on with the same comparative precision every alternate day. In a third case, it may not recur till every fourth day. Instead of one fit, certain individuals may have two or more fits on the day of recurrence. In particular cases the febrile revolution may recur regularly once a week; while in some the interval of immunity may be prolonged to a month or months. The disease, in certain instances, may return once a year only; and within a day or two of the same day of the same month on which it assailed the patient the previous year! I have seen cases where the gout has returned biennially. The following case is still more remarkable. A gentleman applied to me with iritis in one eye; having the year before lost the sight of the other by a similar attack. For something like six years, in one of the autumnal months, the subject of this case had an annual attack of iritis; but the complaint each year alternated in the choice of the organ it assailed. This year it took the right eye, the next the left; and so on alternately during these six years, till one eye was completely destroyed. I was lucky in saving the eye for which I was consulted. The patient came to me from having heard what had been said on the subject of periodicity, in *The Fallacies of the Faculty*. A young lady the subject of pulmonary consumption, had an attack of fever, preceded by shivering, regularly every Sunday. The local

disorder was increased by each repetition of the fever-fit, when medicine failed to keep it off. An old-gentleman had a febrile fit with symptoms of insanity every alternate day, lasting from nine in the morning till three o'clock in the afternoon. The motion of a carriage broke it like a charm; but no medicine of mine had the least power over it. A clergyman, subject to epilepsy, had the disease regularly every third Sunday. A barrister had a return of the same disease every fifteenth day.

Some years ago the writer had himself the misfortune to be attacked with neuralgia in his left arm. During all the time while suffering from it, I generally fell asleep as soon as I got into bed; but at three o'clock in the morning, to the minute, I was attacked with excruciating agony in the muscles of the arm and shoulder. On washing my hands and face, and taking a glass of cold water, I was greatly relieved; but the pain, though thus lessened, kept sleep from returning. After eating I found myself usually much better. My breakfast was a god-send to me. After in vain trying quinine, iron, arsenic, prussic acid, and other febrifuges, singly and in combination, I at last obtained a cure by morphia in very large doses.

It is not often practicable to get rid of old familiar medical names; and where this has been done, the new names have not always been improvements on the old. However absurd their origin, we must still use the words gout, rheumatism, scrofula, scurvy, &c., as counters to reckon by. But where the symptoms of any given case of disease remit or intermit, what does it signify, so far as the treatment is concerned, whether you call the complaint gout, rheumatism, scurvy, scrofula, hysteria, or anything else? Not one of these terms will in the very least help you to cure it. But with Remission for your guide, and

with febrifuges, like bark, steel, and stimulants, for your tools, you may at once stop the paroxysmal recurrence of every form of disease, baptize it how you please. Having done this, you can scarcely fail to set down the laboured distinctions, which so captivate the schoolmen, at their true worth—so much twaddle!

A doctrine, so uncomplimentary to the professors of the healing art, was not received with particular favour by the heads of colleges and universities in this or any other country. Nor was it received very cordially by the great body of medical men in civil practice. By every grade, indeed, of medical practitioners in civil life—men who depend less on quick cure than on long attendance on their clients for their livelihood—the cold shoulder was naturally turned to the author of a discovery that shortens almost every kind of sickness. The opposition that at first met the introduction of the Peruvian bark as a remedy for Ague, meets to this hour the early use of the same substance (in the form of quinine), in the thousand and one ills whereof Ague is the type. And the source of this opposition is now as it was then—self-interest.

But it is not in physic only that the improvement of a science by which its cultivators live may be opposed from interested motives. The same thing has happened in law; and still more strange too in law, as in physic, the obstructives have almost invariably the advantage of being supported, in the outset of the struggle at least, by the public themselves, to the public damage. "The voice of all jurists," says Bentham, "is raised in concert to celebrate an established system; and the people, *misled by their unanimity*, do not stop to discover the self-interest which produces it." The people, therefore, as a matter of course, side with the "very respectable body of men" who compose the majority!

CHAPTER VI.

Towards the close of the last century, Dr. John Brown, of Edinburgh, published a System of Medicine, wherein he divided all diseases into *two* classes,—namely, Sthenic and Asthenic diseases,—diseases of strength and diseases of weakness. In the first, he bled, leeched, and purged; in the second he gave opium and stimulants. *Ergo*—with a strange idea of logical consistency—certain modern medical critics will have it that the Chrono-thermal and Brunonian Systems are one and identical! Among the number who affect this belief, is a writer in the *Boston Medical and Surgical Journal* (for 1845), an American publication.

"Now who does not know (says the writer in question) that this doctrine of accelerated or diminished atomic movement—unity and universality of all diseases, and development of local affections—is the very doctrine of Dr. John Brown, embracing all the theory of Dr. Dickson, except" —mark the exception—"except his Periodicity, Temperature, and Type; and these, *ere long*, will be settled as *sheer humbuggery!*"

Begging the American writer's pardon, he is as much at sea in his facts here as subsequent events have shown him to be completely out in the matter of his prophecy. Had John Brown been aware that all diseases remit, and, moreover, periodically remit,—and had he further known that the source both of paroxysm and pause in all diseases is the brain,—instead of the *diversity* of disorder which he actually did teach, he must have anticipated me in the discovery of the *unity* and universality of all disease, a doctrine the direct converse of his own! For want of the clue afforded by "Periodicity, Temperature, and Type,"—a clue which this critic so affects to despise,—the author of

the "Brunonian System" did little more than, for a brief season, set medical men quarrelling about what complaints require the lancet and what do not. But as John Brown himself prescribed bleeding and other exhaustive measures in pneumonia, apoplexy, and many other forms of disease, for which I have long abjured them, his writings produced no change whatever in the practice of physic generally; as every person in the very least conversant with the medical literature of our own country knows full well. Until the last ten or twelve years, as we have seen, bleeding and other exhaustive treatment continued to be the English medical rule, support the exception. And mark this significant fact—in the British schools, *up to this hour, we shall look in vain for a single text-book in which Blood-letting does not stand as the first of remedies!*

The American writer is very savage with me for condemning measures which, according to him, have stood the test of ages. "The measures Dr. Dickson condemns (he says) are blood-letting in all its forms, blisters, setons, and issues. For blood-letting he substitutes emetics and cold applications. These are his coolers. He recommends them both in apoplexy and in all manner of inflammations; or at least *he would have us believe so;* but, after all he has said, *he knows better.*"

Very complimentary this, certainly! What will our critic, if he is still alive, say to the changes that have since taken place, even in the treatment of apoplexy and all manner of inflammations? In London scarcely anybody now bleeds for one or the other. Somewhere in 1850, Dr. Todd, of King's College, printed what follows:—"The notion so long prevalent in the schools that acute disease [inflammatory disease] can be prevented or cured by means which depress and reduce vital and nervous power is

altogether fallacious." For the maintenance of which truth, fourteen years before Dr. Todd imagined, uttered, or printed it, I was denounced as a madman by the whole profession, Dr. Todd included! If during those fourteen years a great change had not come over the spirit of medical men—a change forced on them by my long and sustained agitation—Dr. Todd had no more dared to print that paragraph than he would have dared to take his farewell of life with a leap from the Monument!

"To establish the fact that the type of all diseases is intermittent fever (I again quote the American writer), Dr. Dickson lays it down as a broad fact that all diseases commence with 'aguish fits.' Now every practitioner knows that very many diseases,—even very extensive and severe inflammations, and sometimes general fevers,—come on without any aguishness at all [a mistake, as any man may discover for himself who goes to the bed-side, and not to books for his facts!] This attempt of Dr. Dickson to make out all diseases to come on with agues or chills [why does the writer leave out "heats"?] is intended to establish the periodicity of every movement in the body, both normal and abnormal. The discovery of the periodicity of all morbid and healthy movements is that on which he mostly plumes himself, and tenaciously and exultingly claims as his own. He extends this theory of the periodicity of movement, not only to all vital, but to all physical actions, even to all stellar movements, and to earthquakes, tornadoes, and hurricanes. The doctrine of Unity of Action he extends through all Nature's works, up to the Deity himself, but he does not claim periodicity for the Supreme Being. [The Supreme Being is a God of order; therefore His acts, instead of being disorderly or irregular, are all remarkable for order and regularity.] If by periodicity

(continues this writer) Dr. Dickson means simply exacerbations and remissions, without any reference to regularity of time, we shall not differ from him. [Has not the author of these observations himself shown Dr. Dickson means quite the contrary!] For, morbid and healthy movements vary every hour in the day, and every day of the disease, just as the winds blow high or blow low; [the natural periodicity of disease being thereby disturbed!] and once in a year or two, or oftener, or not so often, we have earthquakes, tornadoes, &c. Now, we have no idea of calling the one or the other of these variations *periodical;* such theory is what we Yankees call a matter of moonshine, a *pure creature of Dr. Dickson's heated imagination.*"

This much we read in the *Boston Medical and Surgical Journal* of December, 1845.

Happily for Dr. Dickson—happily for science and common sense—there are men even in America who take a very different view of the matter. Among these can be reckoned the entire staff of Professors—ten in number—of the Penn Medical College, of Philadelphia. As the Penn Medical College is empowered by the Legislature of the State of Pennsylvania to grant degrees in medicine, the English reader may possibly peruse with some interest the following extract from the first announcement of an Institution which examines in physic on the chrono-thermal theory and practice:—

"The Faculty of the Penn Medical College believe in the Unity of All Diseases, as characterised by intermittency and periodicity;—a principle to be distinctly avowed and sustained as a fundamental principle in medical science; a principle first suggested by Hippocrates, more than twenty-three centuries ago;—a living principle in harmony with the harmonies of nature, and without the acknowledgment

of which no system of medicine can possibly be of universal application.* The teachings of the Professors of the New College, so far as the subject comes within the province of the proper chairs, will fully develop, maintain, prove, and defend that harmonious system of medicine which embraces the unity and integrity of the living body, the Intermittency and Periodicity of its functions, and the Intermittency, Periodicity, and changes of Temperature, which mark the revolutions of universal nature. *Time* or *Period* (Chronos) and *Temperature* or *Heat* (Thermà) are elements of every system in nature; yet these universal elements are nowhere found in any system of medicine hitherto taught in the schools. Such a system nevertheless exists, and for its development we are indebted to that master-mind—Samuel Dickson, of London;—a system which, in harmony with the universal harmony of all nature, acknowledges every power and principle in creation, and avails itself of all natural means in the treatment of disease; a system which boasts the fertility and not the paucity of its resources; which appeals from *authority* to *examination*, and, rejecting antiquated dogmas and conflicting theories, demands statistics; a system which employs little medicine, saves an immense amount of suffering, greatly shortens the duration of disease, and effects an unparalleled reduction in the number of deaths; a system from which the bleeding lancet, leeching, and every other form of blood-letting, is rejected, and rejected for reasons which are based upon

* The only allusion to periodicity that I can find in Hippocrates, is his doctrine of 'critical days' in fevers—days on which, according to him, when these diseases do not terminate fatally, a tendency to cure may be expected. In my own experience, I have failed to discover any such. The date of the tendency to cure differs with almost every individual case. It may, moreover, be hastened or retarded, according to the treatment employed.

indisputable truths. In proof of the safety and universality of the application of the Chrono-thermal System, its supporters are ever ready to compare its results—its numerical cures—with the curative results of all other systems—disease for disease, case for case, period of continuance with period of continuance, &c., &c."

This from the other side of the Atlantic is satisfactory. It forms a pleasant contrast to the plagiaristic evidences of my doctrine, which have from time to time made their appearance in England and other countries of Europe. How the Chronometry of Life has been plagiarised by Professor Paget the reader has already seen. But Mr. Paget is not the only English medical man of eminence who has similarly demeaned himself. The list of gentlemen who stand in the unenviable position of plagiarists of my views has been gradually increasing from the first promulgation of the doctrine; and this list, as I shall hereafter show, now includes the names of Sir Henry Holland, Sir Benjamin Brodie, Dr. Todd, Professor Laycock of Edinburgh, and other practitioners of less note—all of whom, in their various writings since 1836, have either more or less covertly acknowledged the Remittency and Periodicity of all vital phenomena, or have plagiarised the treatment based on the discovery. In the first instance, the so-called leaders of the profession did all they could to extinguish the light. Failing in this, their next move was to extinguish the man; they calumniated where they could not refute. Their last desperate step was, if possible, to take the light out of the hands of the discoverer altogether, and reduce it to the dimensions of a farthing candle!

To protect the rights of authors, there is a Copyright Act, but this Act, unfortunately, affords no protection to medical discoveries. Mr. Curtis, the barrister, in his work on

Copyright, divides Plagiarism into three branches, and the following is his remark on No. 3:—

"No. 3. Piracy by imitation, or by reproducing with colourable alterations and disguises assuming the appearance of a new work. This is by far the most frequent form in which the Copyright of Authors is infringed."—p. 253.

It was by a manœuvre of this kind the late Dr. Todd of King's College rose to eminence. Years and years after the publication of the *Fallacies of the Faculty*, Dr. Todd continued to treat apoplexy, paralysis, and pneumonia, by every form of depletion, according to the approved fashion of his early teachers, the Dublin Sangrados. In all three forms of disorder, as his own published cases show, he did as all other schoolmen were in the habit of doing;—he bled, leeched, cupped, purged, blistered, salviated, and otherwise exhausted the life-force of his unfortunate patients. Somewhere about the year 1850, the King's College Professor, as we have seen, changed his tune. Then, for the first time, he published his "New Treatment of Apoplexy and Pneumonia by Quinine and Mild Tonics from the commencement." Adopting much of the present writer's practice, Dr. Todd completely ignored his principle. For Remittency—a phenomenon traceable in all medical and in most surgical complaints—Dr. Todd substituted an invention of his own, which he termed "Blood-poison." All diseases, quoth Dr. Todd, spring from "poisoned blood;"—*ergo*, all diseases, for their cure, sooner or later, require bark, steel, and stimulants. Why? Because, according to Dr. Todd, these remedies act as "antidotes to poison!"

As antidotes to poison—curious creed!—
A flimsy mask for a piratic deed,—
The usual practice here, as matters go,
When rogues would reap where honest people sow.

Finding the chrono-thermal method sure,
Todd, with an eye to fees, adopts the cure;
Prescribes bark, steel, and stimulants;—yet ignores
The principle whereon the plan restores,—
Ignores Disease's intermittent turns,
Yet acts upon the very law he spurns!
But, to disguise the coach wherein he rides,
He darkens the escutcheon on the sides;
Removes the owner's crest—a living head—
And paints a horror of his own instead.
Blood-poison! when a man has crushed his thumb,
And lock-jaw follows, how can poison come?
When sudden draughts set up neuralgic pain,
What organ *feels* the chill—the heart or brain?
When mental shocks cause coma, gout, or rash,
Who talks of poisoned blood talks balderdash!
What is "blood-poison" doing,—tell us, please,—
During long intermissions of disease—
During long periods when, from fever free,
Pulse, tongue, and skin are as they ought to be?
Remission, thus repeated and repeated,
Is no creation of a mind o'er-heated;—
Remission is a phase you see and feel,
The surest guide for tonics—bark and steel.
But "poisoned-blood";—what brews it? 'tis a myth
Without a particle of proof or pith,—
A figment to bamboozle, and withdraw
Attention from the great Remittent law;
Making Disease's Unity depend,
Not on the part where hurts begin and end—
Not on the brain, the source of pang and pause,
But on the blood, changed by some mystic cause.
A weak invention for the sake of plunder—
A swindle, a perversion, and a blunder!

What of that? With his blood-poison figment, the Professor of King's College made a decided hit. Numbers of practitioners were just at that moment in want of a leading card. Compelled by the "requirements of the age" to change their practice, they looked about them for a substitute for their friend Dr. Watson, who, it was

notorious, carried depletion to its extreme point. In Dr. Todd they found a bird of their own feather,—a man who met them half-way;—and Dr. Todd accordingly they called to their "consultations." By this procedure they thought they could trip up the "chrono-thermal man" on his own ground.

"Silently, slowly, pilfering piecemeal
All of his system worth their while to steal,
The sordid tribe, who live for pelf alone,
Pursue a crooked treatment of their own,—
A mongrel mixture of the old and new,
The false so slily blended with the true,
And so conforming in its outward mould,
Few can say which is pinchbeck, which is gold;—
Then on the highest shrine place Dr. Todd,
And Dickson's Ape is forthwith Physic's God!"

Dr. Todd's reign came to a sudden close in 1860. In the spring of that year, after a few hours illness, that "great physician" was fated to depart this life in the fulness of fame and fees. Great of course were the lamentations of the London medical men on the unexpected event. The entire press of the country teemed with articles in praise of their favourite. Among other tributes to his talents, an obituary notice appeared in the *Times* newspaper, which the conductors of that journal, with their usual caution, headed "from a correspondent." That notice contained the following laudatory passage:—

"He (Dr. Todd) looked on all diseases as ONE,—thoroughly conversant with the several avenues and processes of the body deranged by it; and he was thus enabled not only to see comprehensively, and to teach decidedly, the phenomena before him, but, with all the energy of a wonderfully active mind, to take a LEADING PART in *moulding* the theories that were current in his youth, into *conformity* with the requirements of an epoch

[the requirements of an epoch,—the old story!] in which physiology has made greater strides than in all former periods combined."

The writer does not say by whose assistance physiology has made these strides. Dr. Todd most assuredly did not discover the Chronometry of Life—a discovery that has completely changed the face of physiology! But curiously enough, the point on which the writer of the above paragraph dwells as most worthy of praise, is that whereon Dr. Todd most deserves condemnation. How Dr. Todd could contrive to reconcile error with truth; how he could contrive to bring Unity of Disease into harmony with the multitudinous hair-splitting of disorders taught in his younger days; and how he could—*except by a process of adulteration*—take a leading part in MOULDING the all but exploded practice of bleeding, leeching, purging, and salivating for all complaints into CONFORMITY with his own later treatment of Apoplexy and Pneumonia by "quinine, iron, and mild tonics, from the commencement," are problems that would defy anybody but a conjuror to solve! Come we to facts.

Do we owe to Dr. Todd the discovery of the Unity of Disease, which his friends seem so anxious to award him? The facts here recorded show we do not.

Was it Dr. Todd, or any friend of Dr. Todd, who first introduced the tonic practice in Apoplexy and Pneumonia in any stage of either disorder. Every reader of these pages knows it was not.

Whether as regards the doctrine of the Unity of Disease, or the great practical changes which for some years back have been silently taking place in medicine, Dr. Todd, and the friends of Dr. Todd, only followed in the wake of another man. Dr. Todd had neither the grace nor the

honesty to acknowledge himself that man's disciple. He was a plagiarist simply; a plagiarist, with a mask so transparent, and an adulteration so coarse, the merest tyro in the profession could scarcely fail to see through the one and detect the other.

When accused—repeatedly accused—of these plagiarisms in the columns of the *Medical Circular*, Dr. Todd was silent. When accused of the same acts in the *Times* newspaper and elsewhere, by the man whose treatment he pilfered, Dr. Todd was still silent; neither he, nor his friends for him, had a word of defence. In the teeth of these facts, will any sane man doubt the source of Dr. Todd's "New Treatment of Apoplexy and Pneumonia by Quinine and Mild Tonics from the commencement?" For the extravagant employment of stimulants, with which Dr. Todd would appear to have coupled his "new treatment," the physician in whose footsteps he followed is in no way responsible. I have advocated the use, not the abuse of stimulants.

So much for Dr. Todd himself,—so much for the man who, "with all the energy of a wonderfully active mind," took "*a leading part* in moulding the theories that were current in his youth into conformity with the requirements of an epoch in which physiology has made greater strides than in all previous periods combined!" And now comes the question. Who assisted the Professor of King's College in his progress of adulteration? Who took the other "leading parts" in this juggle?

We have mentioned the names of Sir Benjamin Brodie and Sir Henry Holland; the first is Serjeant Surgeon to the Queen;* the second is Her Majesty's Physician in

* This and what more immediately follows was written in the lifetime of Sir B. Brodie,

Ordinary. Without very good evidence, it would not be easy to convince most people that men so highly placed could be implicated in a plot so disgraceful. But things as strange have happened ere this. Some fifty years ago, Sir Everard Home was what Sir Benjamin Brodie is now, Serjeant Surgeon to the occupant of the British Throne. This office he obtained through the influence of John Hunter, his connexion by marriage. On the death of Hunter, Sir Everard Home came into possession of the manuscripts of his distinguished brother-in-law. The bad use Home made of Hunter's papers is matter of history. Having carefully gutted them of all that appeared valuable, he published, in successive volumes of the *Philosophical Transactions*, the materials he had thus purloined as his own contributions to Comparative Anatomy. To conceal his fraud, Sir Everard Home burnt the Hunterian manuscripts.

Reader, it was at the feet of this Gamaliel, Sir B. Brodie was brought up. Sir B. Brodie, for years, assisted Sir E. Home in his practice; and it was through the good offices of Sir E. Home he first obtained a position as a London surgeon. How Sir B. Brodie managed to keep that position is a question which does not concern us. He did not *then*, at all events, interfere with the orthodox practice. The question we have to deal with now is, how far Sir B. Brodie has since plagiarised the present writer—how far he has sucked the brains of a man he, in common with so many of his brethren, still thinks it necessary to decry. Let facts and dates speak.

So far back as 1813, Mr., now Sir, Benjamin Collins Brodie came out as a specialist on *Diseases of the Joints and Spine*. In a succession of papers which duly appeared in the *Medico Chirurgical Transactions* of that and the two following years, Mr. Brodie with all the unction of a newly-

fledged hospital surgeon, recommended bleeding, leeches, cupping, calomel, blisters, setons, and caustic issues as the best treatment in these diseases. This of course, he may plead took place in his "early life." Such without doubt is the fact. It was, besides, quite in accordance with the then prevalent English practice in all complaints, whether surgical or medical. But for many a long day after, when, in spite of all this exhaustive treatment, patients actually recovered under Mr. Brodie's care, he claimed the recovery as a proof of his successful management, and plumed himself thereupon accordingly.

During a further experience of TWENTY-ONE years in hospital and private practice the "great surgeon," never once deviated from the curative measures he first propounded in 1813. So far from that, in each and every of four separate and well-considered editions of a subsequent treatise *On the Diseases of the Joints and Spine*, which during these thrice seven years Mr. Brodie at intervals deemed it necessary to publish, he repeated and re-repeated the advantages to be gained by thus lowering and torturing the patient in each and every of the diseases in question. The last of these four editions of his book bears the date of 1834, an important era in the life of Sir B. Brodie;—for in that very year the now eminent surgeon of St. George's Hospital, having previously attained the court rank of Serjeant Surgeon, was created a baronet of the United Kingdom. Thus, in the zenith of his professional reputation, and when somewhat past the meridian of his life as a man, Sir B. Brodie treated the diseases of the joints and spine precisely as he treated them in the earlier days of his chirurgical career—namely, by bleeding, leeches, calomel, and cupping; using these exhaustive and repulsive measures, *then* even, in cases of "chronic inflammation." And in so

far as regards blisters, setons, and caustic issues, the now great top sawyer of English surgery still continued to express himself perfectly pleased with the "*singular benefit*", —to quote his own words—"*usually*" resulting from these "advantageous" remedies.

Now it is a curious fact, that so long ago as the year 1839—five years, be it observed, after the date of Sir B. Brodie's edition of 1834—the author of the Chrono-thermal System sent him a copy of the *Unity of Disease*, a work in which Sir B. Brodie's system of practice is denounced as a barbarism throughout. In that work, I condemned everything he did. I condemned the bleeding, leeching, cupping, blistering, and aperients; I condemned the setons and issues; I condemned the abuse of calomel; I condemned the long confinement to the recumbent position, which he recommended his patients to undergo; I condemned Sir B. Brodie's whole practice, both local and general, so far as regards the management of diseases of the joints and spine. Each and all of these diseases, according to my view of the matter, growing out of a great *antecedent* constitutional wrong,—each and all of them being special developments of a remittent or intermittent febrile affection of the whole frame,—each and every of them I contended might be far more safely combated by quinine, iron, and other internal remedies, proper to the treatment of remittent or intermittent fever, than by any *local* measures whatever. Over and over again I reiterated that statement, giving cases at the same time to verify my assertion.

What effect had all this on Sir B. Brodie? At first little or none apparently, if we may judge from what he himself published seven years afterwards. In his Lectures on *Pathology and Surgery*, bearing date 1846; Sir B. Brodie cautions his readers against "this modern

fashion of resorting on all occasions to novel methods of treatment." "Make yourselves masters of the old remedies (he says), learn how to handle them, and what good they will do; and as a general rule, have recourse to them in the first instance. If the old remedies fail, and you are at a loss as to what you should do, then, and not till then, have recourse to the new ones. If you always begin with new remedies you throw away the valuable results, not only of your own experience, but of the experience of those who have gone before you."

It was a long time before Sir B. Brodie acknowledged his own error in pursuing the old treatment—bleeding, leeching, cupping, purging, setoning, salivating, &c., in the first instance on all occasions. But he did at last acknowledge it, though, as will presently be seen, not in the handsomest manner.

In 1850—reader, note the date!—turning his back on all his own previous experience,—turning his back on a practice which, though the practice of the greater portion of his professional life, he was evidently now very heartily ashamed of,—Sir B. Brodie published a new work, which he was pleased to call the "Fifth Edition" of his treatise on "Diseases of the Joints and Spine, with *Additions* and *Alterations*."

Many and great are the alterations here, but graver and greater are the omissions. One case in particular is omitted, which, as it was published in all the four previous editions, he evidently considered to be a model of his *superior* treatment. The case of an unfortunate boy whose *legs* he leeched and blistered, and whose body he purged for a periodic *head*-ache of "a few minutes' duration," has no place here! Every page of this new edition is strangely mutilated and altered; yet Sir B. Brodie tells his readers

how happy he is that all his "subsequent experience has tended to *confirm the general accuracy* of those pathological views which he was led to adopt" in his first publications! Such actually is the astounding statement he makes in his introduction to this new *Edition*—an edition wherein he absolutely abandons every one of the more prominent measures and opinions on which in so many previous publications he had, for upwards of *thirty years*, very particularly plumed himself. The "additions" with which in his title-page Sir B. Brodie couples his "alterations," he omits to tell his readers are neither more nor less than so many "subtractions" from the pages of a writer he and his friends had for years affected to despise as "the madman who wrote the *Fallacies of the Faculty!*"

In a chapter on *Neuralgia of the Joints*, which chapter, be it observed, has no place in his book of 1834, Sir B. Brodie, in 1850, thus delivers himself:—

"By far the most frequent cause of Neuralgia is a *hysterical* state of the constitution. It may therefore well be supposed that the disease is more common in the female than in the male sex. The latter, however, is not altogether exempt from it."

Now the word "hysterical," being derived from the Greek word ὑστερη (*hysterà*) the *womb*, how are we to understand Sir B. Brodie? Does he mean that the male, as well as the female, is liable to a disease proceeding from or pertaining to the womb? That is the meaning of the word "hysterical." Is this sense or nonsense?—science or drivelling? But let Sir Benjamin proceed.

"Some years ago, a *large proportion* of the cases which were treated as diseased joints, were of this description; and looking back at the early part of my own practice, I am sensible that the mistake is one which I often made myself."

What was the result of his frequent mistakes here? Sir B. Brodie does not say. For the reader's benefit I shall supply the omission. Worn out by repeated torture, and by every kind of exhaustive medical treatment which mistaken ingenuity could devise, "a large proportion" of Sir Sir B. Brodie's neuralgic patients, during the "early part" of his practice, were relieved of their limbs on the amputating table. Why does the eminent operator forget to tell us that the "early part" of his practice comprised upwards of thirty years of his professional life? Does not this particular instance of forgetfulness look like a *suppressio veri?* Does it not savour of the *suggestio falsi?*

"The subject is now (he informs us) better understood by surgeons." This is satisfactory, so far as it goes; but Sir B. Brodie does not tell us who first taught surgeons to understand the subject better; though he admits "the same mistake is occasionally made even at the present time."

In this we can bear him out. A year or two ago, the writer of these pages was called to a lady who had her limb amputated for neuralgia of the knee; but the operation gave no relief. For months afterwards she continued to suffer from neuralgia in the stump!

"Occasionally," Sir Benjamin Brodie goes on to say, "occasionally, when a joint has been a considerable time the seat of *hysterical* pain [what kind of pain may that be?], a slight degree of suffused swelling is perceptible in it, apparently the consequence of some effusion into the cells of the cellular texture external to it. This corresponds with what may be observed in some other cases of neuralgia. In a gentleman who was the subject of facial neuralgia (*tic douloureux*), attended with an unusual degree of suffering, there was the same kind of swelling of the face, although there could be no donbt that the real

seat of the disease was *not in the nerves, but in the brain itself.*"

The brain itself! Why, that sounds more like *cerebral* than *hysterical* disease. Sir Benjamin Brodie makes no mention of the brain in any of the four previous editions of his work, in connexion with local disorders. But—

"At other times (he informs us) there is a periodical change of temperature, not only of the affected joint, but even of the whole limb. In the morning it is *cold*, and pale, and shrunk; towards evening there is evidence of a more active circulation—the surface of the skin is *hot*, red, and shining."

Sir Benjamin Brodie says nothing of those general chills and heats which may be detected in all disorders; but he makes the important remark that—

"During the night the heat and redness subside, and these alternations are as regular as the paroxysms of an *Ague*."

The Ague, or Fever, of which the local symptoms are in reality developments, would appear to have escaped his notice!

"Such cases," nevertheless, he tells us, "are not very uncommon, and they are always very perplexing to the practitioner who for the first time is consulted about them."

Not very uncommon! They are of daily and hourly occurrence, Sir Benjamin; and you know it. Every man of any standing in the profession knows it now! But, taking your own words that they are "not very uncommon," why should any case of any disease in that category puzzle a properly educated practitioner? Why indeed? This is the answer. The schools of medicine as a rule do not teach medicine; they do not teach the remittent nature of disease. Till the schools do that, the practitioner must be in a perpetual state of perplexity in every kind of dis-

order. To practise medicine scientifically without that knowledge, is an impossibility; and the want of that knowledge imposes on the practitioner the necessity of a daily succession of lie and subterfuge, to screen his ignorance. How came Sir B. Brodie to be wiser than his fellows here? He owed the discovery, he tells us, to his own "more enlarged experience." And what according to him was the practical conclusion to which that discovery led? This:—

"The sulphate of Quinine, preparations of Iron, the citrate of quinine and iron, may generally be exhibited with advantage."

Not one word of thanks to the man who, so far back as 1839, sent him the book that taught him the necessity of reversing the entire treatment of the diseases of his own specialty! He had never read it,—so his friends say. —*Credat Judæus!* Did Sir B. Brodie ever read the following advice of Lord Bacon?—

"Always when thou changest thine opinion or course, profess it plainly, and declare it openly, together with the reasons that move thee to change, and do not steal it."

CHAPTER VII.

HAVING given the readers specimens of the manner in which my discovery has been pilfered by the "adulteration dodge," and the "more enlarged experience dodge," I come now to the "prophecy dodge," or plagiarism by prophecy—after fulfilment!

Who played the part of vaticinator in this case?—Who was the predictor of past events here? Will the reader credit the fact?—Sir Henry Holland, the Queen's physician!

In Sir Henry Holland's *Medical Notes and Reflections*, a work which has run to three editions—I shall speak of their respective dates by-and-by—will be found what follows:—

"Has sufficient weight been assigned in our pathological reasonings to that principle which associates together so many facts in the history of disease—namely, the tendency in various morbid actions to distinct INTERMISSIONS of longer or shorter duration, and more or less PERFECT in kind. The subjection of SO MANY DISEASED ACTIONS to THIS COMMON LAW establishes relations which could not have been learned from other sources, and which have MUCH VALUE EVEN IN THE DETAILS OF PRACTICE." "It will probably be one of the most certain results of FUTURE RESEARCH to ASSOCIATE TOGETHER, by the connection of causes of common kind, DISEASES NOW REGARDED AS WHOLLY DISTINCT IN THEIR NATURE, AND ARRANGED AS SUCH IN OUR SYSTEMS OF NOSOLOGY. This remark applies very generally through all the *genera* of disease. The influence of certain medicines, and particularly of Bark, in curing even the most anomalous varieties of intermittent disorder, is a fact of great interest. It enables us to denote and class together symptoms, apparently the most remote in kind, but which, presumably, could not be thus relieved unless depending on some COMMON MORBID CAUSE.

Some common morbid cause! A mistake, Sir Henry. Each and every one of the symptoms you mention, instead of depending on "some common morbid cause," may proceed from any one of a thousand morbid causes, acting on a common centre—the Brain!

But for an instability of Brain common to all diseases, an instability of Brain which any cause of sickness may produce, there could be no such thing as a periodically

intermittent or remittent disorder at all. To the Brain, then, the source of pang and pause—to the Brain, the source of remission and exacerbation of every disease, general or local, local so called—to the Brain, the main-spring of all action and all sensation—must we look for the cure of all complaints, name them how we please. In the unity of INTERNAL SOURCE, not in the unity of EXTERNAL CAUSE, lies the secret of the unity of influence of the Peruvian bark!

Like Dr. Todd and some others, while taking advantage of my materials, Sir H. Holland has only addled the eggs he attempted to poach. Mark his conclusion:—

"We can hardly touch on this subject of FEVER, without finding it in a BOND with which to ASSOCIATE TOGETHER NUMEROUS FORMS OF DISEASE; but withal a knot so intricate, that NO RESEARCH HAS HITHERTO SUCCEEDED IN UNRAVELLING IT."

No research has hitherto succeeded in unravelling it! Sir H. Holland first printed this and the other passages quoted above in 1839; he reprinted them in the second edition of his work in 1845; he re-repeated them word for word in the third and last edition in 1856. In the teeth of the facts recorded in these pages, Sir H. Holland three times deliberately and knowingly repeated—what I have proved to be—a gross mis-statement!

Vilified and misrepresented by the medical press of the country as the most ridiculous heresy of modern times, the chrono-thermal discovery, when first brought out, proved anything but a source of gratification to its author. I was, therefore, I confess, not a little agreeably startled at first to find a great portion of my own doctrine received with such complacency by Sir H. Holland in his observations "On Morbid Actions of an Intermittent Kind," while I was

perusing his *Medical Notes and Reflections*, in 1839. But the disappointment which followed, when I saw no mention of my name in his volume, determined me at once to send the writer a copy of the "*Unity of Disease.*" A simple note of thanks told me of its receipt. It now became clear to me that Sir H. Holland wished to appropriate to himself the merit of a discovery that was even then beginning materially to change the medical practice of England. Being at the time engaged in writing the "*Fallacies of the Faculty, with the Chrono-thermal System of Medicine,*" I took care therein to bring the conduct of the court physician before the world; and as soon as my charge of plagiarism was in print, I thought it only just to send a copy to Sir H. Holland himself. A letter bearing his signature, marked "*private,*" came to me shortly afterwards by way of "explanation;"—but it contained no explanation whatever; it was very full of civility, and fuller still of mystification. What right had Sir H. Holland, in the position of a man charged with a mean act, to address a "private" letter to a person who had thus publicly denounced his conduct, in the expectation that his communication would be held as confidential? I never was his confidant; on the contrary I was his accuser. At the bar of the profession—the extent of whose corruption and want of principle I did not then know—I had openly charged Sir H. Holland with plagiarism; quoting in my printed charge the passages in his book which appear in these pages, and stating at the same time the dates of our respective publications in proof. Nevertheless, I have refrained from publishing his "private" letter. But this was what I said in my reply:—

"If to your own observations solely, or to the works of others, you, Sir, owe the sentiments expressed in the

quotations made from the *Medical Notes and Reflections*, I shall be too happy to retract any remarks of mine that may appear harsh or any way unfair. If, on the contrary, the passages I have quoted from your volume were SUGGESTED by MY writings, I think it would be creditable to yourself, and just to me, that you should still say so. In either case, I shall be glad to publish in my next lecture, any statement you may wish to make to me on the subject."

Sir Henry Holland's rejoinder was as great a curiosity as the private letter with which he first tried to talk me over and bind me to silence. Scrupulously evading all reply to my question thus clearly and categorically put, in respect of the *authorship* of the doctrine of the Periodic and Febrile character of all disease, Sir Henry again adopted a style of friendship which it was impossible for me to believe sincere. Reader, this letter *not* being marked 'private,' I make no scruple in giving its concluding paragraphs here, with a few running comments of my own :—

"Without expressing any opinion upon the General Doctrine you propose [I asked no *opinion;* I asked a *question !*] I may simply state, that no closer relation occurred to me between THIS and any passages I recollected in my own volume, than might naturally be expected on points WHOLLY SUBORDINATE TO YOUR LARGER CONCLUSIONS [a most important *private* admission; why has he never yet *printed it ?*]. "To the few sentences you quote, *taken from amidst old notes*, [Whose notes ?] I attach importance only as briefly expressing what I think to be true, and as bearing upon the topics under discussion. I did NOT INTRODUCE THEM AS NEW VIEWS, [another important *private* admission on the part of one who, with silent complacency, sees them daily placed to his credit

in the medical journals!] nor dwell upon them further than as *subserving* to those topics. I feel assurance that you will be satisfied on these points. [Sir H. Holland has assurance for anything.] But, nevertheless, I do not avail myself of your kind offer to retract anything in your lecture. [That offer rested on a condition as yet unfulfilled —a specific answer to my question respecting the authorship of the 'new views.'] I may repeat (what I said before in perfect truth), that I feel at any time most anxious to avoid any sort of controversial publicity; [All delinquents, whether morally or legally such, shrink from publicity!] and I shall be satisfied in knowing that this topic will not come again into print in the same light. [No doubt!] It gives me pleasure to know that you find anything of truth, or useful *suggestion*, in what *I have published;* [When or where did I ever express myself to that effect?] and I shall feel gratified by any opportunity which may hereafter occur, of talking with you on these subjects of common interest to us, *out of print.*—Ever, my dear Sir, yours faithfully,

"Dr. Dickson, &c., &c. H. Holland."

Such is the pith and marrow of a letter Her Majesty's Physician in Ordinary thought it no degradation to address to a writer who had publicly charged him with the meanest thing of which a man can be guilty—scientific larceny! The reader may be curious to know how Sir Henry Holland demeaned himself towards the same accusing spirit when an opportunity did "hereafter occur" to have a little pleasant chat "on these subjects of common interest to *us*, out of print." The very first time he was asked to meet "us" in consultation, he refused?

In two subsequent editions of his work, Sir H. Holland, as we have seen, repeated word for word the passages

which appeared in his first edition in 1839. In his third edition of 1856 he moreover adopted—with some little disguise, of course—the greater part of the "General Doctrine" on which he declined to give an opinion—unasked! Not once did Sir H. Holland, in any of his three editions, name the name of the writer to whose "LARGER CONCLUSIONS" the passages in his own volume, according to his *private* admission, were "WHOLLY SUBORDINATE!" Shortsighted Sir H. Holland! in quarters where they cannot fail to tell, those ugly facts will be quoted against you some day!

CHAPTER VIII.

THE profession at the present day is inundated with Specialists of every kind—one for this part of the body, another for that—people who reduce the whole Science and Art of Physic to a mere system of tinkering.

No longer looked on as a living Whole,—
A clock-like Unity from crown to sole
Whose every move the main-spring must control,—
The Body now, like a dismembered thing,
Of ravenous beasts becomes the toss and fling.
Owl, kite, and vampyre, crocodile, and shark
Pounce on the spoil, and fatten in the dark.
One sucks the 'Heart'—a second taps the 'Lungs,'
O'er which both babble in conflicting tongues;
A third, less dainty in his choice of meats,
The 'Stomach and its difficulties' treats.
This with the 'Liver' manages to dine;
That banquets doubly from the 'Joints and Spine.'
Some with the 'Spleen' their hungry bellies fill;
Some feast on 'Kidney'—devilled if you will.
These take the 'Mucuous Membrane'—these the 'Skin;'
Those with the 'Colon' their repast begin.—

No part so loathsome, no disease so foul,
But has its furtive kite or peering owl,
Who with the instinct of his carrion caste,
Sticks to the living quarry till the last.—
But blackest, vilest of the moral scum,
Is that false harpy with the speculum!
Out on the wretched quacks who would divorce
The body's fragments from the ruling force!
Out on all Specialists! while such exist,
How can God's truth the public mind enlist?
Nay, how or where, till the great human hive
Themselves in Natural Science deeper dive,
Can any but these tinkering creatures thrive?

In London, at this moment, there are specialists and special hospitals for diseases of almost every part of the body. We see there Hospitals for the Eye and Ear—Hospitals for the Chest—a Cancer Hospital—a Spinal Hospital—an Hospital for Palsy—an Hospital for Stone and Diseases of the Urinary Organs, &c., &c., &c.! In all these hospitals, as may be readily imagined, local tinkering is the rule; constitutional treatment, not always the best, the rare exception. Recently, it is true, there has been a sort of reaction in the profession against this utter destruction of the Unity of Medical Science. But many, even of those who join in the cry against the "Special Hospital Nuisance," are either specialists themselves, or belong to a class known by the name of the Negative, or Do-nothing School. Professing an unlimited faith in the powers of nature, the men of this school, instead of trying to prevent the recurrence of the paroxysms of disorder, are content to watch events as they arise. This they call "studying the Natural History of Disease." And certainly it is very much better than killing people outright, as the doctors used to do by their exhaustive measures. But if this is all that medical science

can accomplish for the sick, the sick may as well be without its assistance as with it. Practitioners who treat their patients in this manner are traitors to the Healing Art. A very little reflection will prove what I say. Take the case of Ague;—this disease is either amenable to good medical treatment, or it is not. Who, with the smallest experience of the readiness with which the ague-fit may be checked by quinine, would withhold its use in that complaint till the patient, worn out by repeated paroxysms, finds himself at death's door? No man with a name to gain, or a character to lose. Why, then, permit any other of the thousand and one forms of disease—whereof ague has been shown to be the type—paroxysmally to repeat and re-repeat itself, till recurrence becomes a habit so inveterate, the best remedial means may fail to stop it;—to say nothing of the visceral and other local disorders, certain in many cases to ensue? Local complaints, of a constitutional kind, can only come through fever or a feverish state of body;—they cannot come of themselves. Local complaints, like chickens, must be hatched! What better method could be devised to produce local diseases, than to let constitutional disturbance proceed, fit after fit, unchecked? Yet such actually is the course which is now, to a great extent, pursued in ordinary practice. This study of the Natural History of Disease is a mean pretence. Its object is procrastination. Those who recommend it are not physicians;—they are tradesmen, tradesmen of the lowest kind. To men of this stamp, the following lines are addressed, on the principle of Dean Swift's *Advice to Servants*:—

> We've traced the Natural History of Disease;
> Study it, doctors, while it brings you fees;—
> Heaven grant the case may yield a golden crop—
> But how can people study what they stop?

Festina lente!—take a leaf from Law;
And make the most of every little flaw.
Mark in succession what the sick endure;
Nature is potent, give her time to cure.
If, like the Ague, all complaints remit,
Business is business, mitigate the fit;
Repeat the process every fresh return,—
Cheer men who shiver, cool them when they burn!
With each new phase disorder passes through,
Your patient more and more will interest you;
But how can he or those about him know it,
Till opportunities occur to show it?
Save and except where Death is at the gate,
Why Nature thwart?—why interfere with Fate?
Stop not a case, whatever else you do, sirs,
Science and shop were equally the losers!

To watch disease, and profit by the act,
Requires no little management and tact.
Study men's tempers and distempers well;
Note the weak point, and learn to make it tell;
Encourage all to take their favourite bent,
And while they harp upon it, nod assent.
If with "soft sawder" you contrive to please,
And give a restive patient present ease,
Then you may play upon him like a flute,
Whether his case be chronic or acute;
Making a noodle's pocket, so to speak,
A "pail of milk" to last you many a week!
To crown your work, be careful to instil
A due respect for your exceeding skill.
When, for example paroxysms depart,
Place the remissions to the effect of art;
On the recurrence of the chills and heats,
Tell him to be more cautious what he eats.
Should local mischief *follow*, change your ground,
And say how glad you are the *cause* is found!
Of local means exhaust the usual list,
Then call some special artist to assist:
While work is to be had, it must be done;
Two heads, of course, are better now than one.
An occulist perchance may help you here;
An aurist through the throat may pierce the ear;

A stethoscopist, perfect in his part,
Will find a flaw in the most healthy heart.
The patient, if a lady, you presume,
May want some special doctoring for her womb;
Here, too, are pliant men to solve a doubt,
And help a friend to ferret business out."
In consultation—*Anglicé* collusion—
Keep chrono-thermal influence from intrusion;
Daylight, unpleasant daylight, once let in,
No one can tell where ruin might begin.
Preventive practice—cry it up who may—
As things are managed now will never pay;
Do what you can to knock it on the head,
And thus, like men of sense, preserve your bread.
Damn every statement DICKSON dares to print,
And treat his so-called facts with shrug and hint;
Or, if need be, with slander more direct,
Send to perdition him and all his sect!
While yet Expediency in Physic rules,
Leave abstract justice to good-natured fools;
Stand by your Order!—you are safe, at least,
So long as crowds are willing to be fleeced!
Where were the triumphs of the Healing Art,
Did all complaints with the first pill depart?
With fiddle-faddle few are discontent,
But who will pay you simply to prevent?
Numbers will fee you twice a day while sick,
Yet grudge a guinea where the cure is quick;
Thinking, no doubt, that what so nimbly flees
May, after all, be no such grave disease!
If then, while down, men pay without demur,
By all means let the paroxysm recur;
For cure rely on Life's repairing force,
And leave disease to take its natural course;
Conduct it—guide it—till it mends or ends—
Why stop a thing on which your bread depends?

The simple-minded reader will laugh at all this, of course. The same man who looks sufficiently sharp after his lawyer will give the most unbounded faith to his doctor.

Wherefore so?

The "Law's delay" is a proverbial fact;
But Physic apes it now in every act.
Now both professions use the same device
To sell their science at the highest price;
And few in either craft account it sin
To "nurse a case" so long as fees come in!

It is the common cry of a section of the profession now, —a large section headed by Dr. Watson—that Fever will run its course, do what you will. And the same thing is said of small-pox, measles, chicken-pox, &c. Gout and rheumatism also, they say, will run their course. Believe it not! There are very few forms of general disorder which may not be shortened by good medical treatment. In Physic, as in most things, where there is a will there is a way.

What is the best method of shortening or alleviating the severity of the Fever-fit? The cold affusion—of which Hydropathy is only an extension—was at one time a great favourite with the profession for that purpose, and deservedly so. Of course it could not cure everybody; and for that and other less disinterested reasons it soon got out of fashion. But any agency, medicinal or otherwise, which will act as a cerebral soother, or a cerebral revulsive, may at once cut short the paroxysm of most forms of febrile disorder. As a soother, chloroform, when skilfully and discriminately used, is much to be depended on; and it may be tried in every stage of disease. Of revulsives, the best are emetics. When you name emetics, the majority of medical men will talk to you of purgatives as equivalents. They mistake;—purgatives too often exhaust and keep up wrong action;—emetics very usually reverse it. Every paroxysm of disease that has a name may yield to an emetic, administered in the outset. Followed up by quinine, steel, or some other febrifuge, this is by far the most successful plan of cure in acute disorders. Small-pox, treated

thus, is seldom or never confluent,—Diphtheria rarely fatal. What is the usual result of the present fashion of local tinkering in Diphtheria? In an overwhelming majority of cases—death! Rarely, if ever, do I interfere with the throat at all in diphtheritic disease. I treat this complaint like every other, on constitutional principles—with emetics and quinine for example;—and as yet I have never had to deplore a fatal result in diphtheria. The effect of emetics here, as, indeed, in most forms of aguish disease, is magical!*

By this practice pneumonia, pleurisy, asthma, rheumatism, gout, mania, &c., may also in numerous instances be at once completely subdued. One and all of these diseases may yield with even more rapidity to chloroform;—proof positive that, however variously these forms of disease locally manifest themselves, one and all have their source in the Brain!

What a death-blow all this to the straw-splitting and elaborate distinctions of the men of the anatomical schools! It is a great mistake to suppose that disease cannot be cured without a knowledge of anatomy;—a mistake into which the conductors of our popular literature have occasionally fallen.

"Every living being," says a writer in the *Household Words*, "every man, woman, and child, endures a certain ascertained amount of sickness during life; for the allevia-

* "It happens not rarely that the Ague comes on in irregular, instead of regular fits—has, in a word, no decided intermissions. Holding no type, it resembles more a continued Fever. Here administer an emetic, and the consequence will be that the fever will become a regular ague, with decided intermissions, which may then be quickly and happily cured by quinine."—*Hufeland's Enchiridion Medicinæ.*

"I know no remedy, equally capable, in so many cases, of arresting disorder in its earliest stage, without shock or injury to any organ or function of the body, or of abating the severity and duration of disease where its sudden suspension is unattainable."—*Sir H. Holland.*

tion of which medical knowledge and skill are required. But medical efficiency in the treatment of disease cannot be gained unless the young doctor bases all his subsequent studies upon a thorough knowledge of the structure of the human body. This information can only be had by *the use of the scalpel on the dead.* The very notion is apt to send a thrill through every nerve of those unaccustomed to regard the subject in a philosophical light. But the terms are absolute—no dissection, no knowledge!"

Were this statement correct it would be utterly hopeless to attempt to enlighten the public on the subject of medicine. What can be more repulsive to the mass of mankind, than the blood and filth of the dissecting-room? Luckily for the human race, there cannot possibly be a greater mistake than to assert that medical knowledge can only be obtained by dissection. In rare cases only, is an acquaintance with the minutiæ of the internal structure of our bodies at all necessary to the treatment of the various maladies that come under the charge of the physician. But even this kind of knowledge may be very competently learnt without dissection at all. Anatomy, like geography, may be taught by drawings and models. Far be it from me to deprecate the practice of dissection by professional men. However repulsive this may be in the first instance to the medical student, he is soon reconciled to it by habit and example. But, so far as regards the public at large, things are different. Medicine, to be a popular study, must be taught in a popular manner. With the principle of intermittency for our guidance, a knowledge of anatomy is not in the least necessary for the cure of the great majority of human diseases.

The greater number of medical men, when they leave the schools, are nearly as good anatomists as their teachers.

When Sir Benjamin Brodie commenced business as a surgeon, there was perhaps no better anatomist in London. Notwithstanding this, for upwards of thirty years—which long period he chooses to call the "early part" of his professional life—almost everything he did for the cure of the sick, by his own confession, was a mistake.

"In the early part of my professional life (Sir B. Brodie tells us) I was led to follow the practice which was then very generally adopted for treating caries [ulceration] of the spine by means of setons and caustic issues—one on each side of the diseased vertebræ. A more enlarged experience [since when?] has satisfied me, that in the *very great majority of cases*, this painful and loathsome treatment is not only *not useful but actually injurious*. For many years past [how many?] I have ceased to torment my patients who were thus afflicted in this manner; and I am convinced that the change of treatment [by what or by whom suggested?] has been attended with the happiest results. In the *early* part of my practice, I was accustomed to regard the ulceration of the articular cartilages as a disease which was to be relieved almost exclusively by *local* remedies.—Experience has long since [Sir B. Brodie has his reasons for not giving the date!] led me to a very different conclusion; and has satisfied me that there are remedies [Bark and Iron he means] which, acting through the medium of the constitution, exercise a most beneficial influence over the *local* malady, and by the judicious application of which, many cases may be brought to a favourable termination, in which this could not have been accomplished otherwise."—"Indeed, I must confess, in proportion as I have acquired a more extended experience in my profession, I have found more and more reason to believe that *local diseases, in the strict sense of the term are extremely rare.*"

Reader, contrast this with what Sir Benjamin Brodie printed in his *fourth* edition in 1834, when he was senior surgeon of St. George's Hospital,—printed the very year he was made a Baronet, and when he had made money enough to support his new rank,—printed when he was past fifty years of age! Speaking THEN of chronic complaints, he makes the following remarks:

"As the chronic inflammation is relieved more slowly [than the acute] in the first instance the joint should be kept in a state of perfect quietude; blood should be taken from the part by means of leeching or cupping."—"It will in general be right to repeat the blood-letting twice or three times, or oftener."—"A blister may be applied; and if necessary several blisters may be employed in succession." "The blisters should be of a considerable size."—"I have employed caustic issues, and seen them employed in a great number and variety of instances, and have found them to be *usually productive of singular benefit, where the cartilages are in a state of ulceration.*"—"Setons and blisters kept open by means of savine cerate, appear to operate nearly in the same manner, and may be used with *advantage* in the same description of cases."

With results so advantageous, why did Sir B. Brodie change his practice? Why did he change a practice usually productive of singular benefit? What led him to "throw away the valuable results, not only of his own experience, but of the experience of those who had gone before him?"

"To these questions there is but one answer:—Sir B. Brodie, however he may disguise it, is now at heart a chronothermalist!

CHAPTER IX.

With the foregoing explanation of the general principles of the chrono-thermal doctrine, the reader may now be able to judge for himself how far those writers are in the right who still prescribe antiphlogistic measures in their treatment of disease. For that purpose I will now lay before him some specimens of the antiphlogistic mode of treatment and its results, as they appear in Dr. Watson's *Practice of Physic*, second edition, 1845.

Take as a first example, this eminent physician's management of Hydrocephalus, or Water on the Brain.

In this disease—the finale as shall be shown of a remittent cerebral fever—Dr. Watson begins with the following very proper caution :—

"We must bear in mind that our patients are children, and for the most part weakly or scrofulous children."

In such cases what sane man, at the present day, would advise antiphlogistic remedies?—This is Dr. Watson's plan of treatment here :—

"If the child be FEVERISH [which it is sure to be] there can be no doubt about the propriety of *abstracting blood.*"

"We may apply three leeches to a *strong* infant of six months,"—in a disease affecting, "for the most part, *weakly* or scrofulous children!" Oh, most consistent doctor!

In children a few years older Dr. Watson takes blood from a vein. "Six ounces drawn from a vein (he says) is a full bleeding for a child five or six years old." "Next in rank come *purgatives;*"—the best, according to Dr. Watson, being "calomel and jalap, or calomel and scammony." "In the later stages *blisters* are of good service."

What, by Dr. Watson's own published account, is the happy result of this model practice?

"Taking the average (he tells us) we have 76 instances of the disease, and 19 *recoveries*—exactly 1 in 4. The cases in which the recoveries took place were mostly those in which antiphlogistic measures were adopted early."

Mostly those! magnificent proportion—*three* deaths, out of every *four!* Treated as Dr. Watson treats it, hydrocephalus is three times as fatal as the epidemic cholera! And yet, so enamoured is he of the antiphlogistic practice, he thinks it right to caution his readers "against trying now this and now the other remedy, because it is *new*, or because some persons have been wonderfully successful with it!"

The INTERMISSIONS—often perfect—observable in Water on the Brain, in common with all constitutional complaints, Dr. Watson stigmatizes as "deceitful appearances of AMENDMENT, and even of CONVALESCENCE. The child *regains the use of its senses*, recognises those about him again, appears to its anxious parents to be recovering;—but in a day or two relapses into a state of deeper coma [insensibility] than before;—and these FALLACIOUS SYMPTOMS of improvement may occur more than once."

Ah, Dr. Watson! did you and the miserable clique who cry you up as a great physician, only know the value of these "fallacious symptoms," how easily, with a grain or two of quinine, might you and they, as in the intermissions of the ague, prolong to a cure those appearances of amendment which, by your own showing, frequently last for days together! Instead of availing yourself of quinine or iron during these heaven-sent intermissions to arrest the febrile paroxysm,—the real source of the child's stupor,—on every fresh access of this brain-fever, you deplete, and deplete away the life-blood—the life-blood of a "weakly" child—

to leave in its place the *water*, which, instead of being the beginning, as you seem to fancy, is the end of the brain fever and your own bad practice united!—What must be the state of Physic in England when a man, who should write as Dr. Watson has written, on this disease of infants, actually enjoys the reputation of being the first physician of the metropolis!

The reader will, doubtless, be still more astonished by Dr. Watson's practice in Apoplexy—a disease, for the most part, of advanced age.

When a man with little or no warning suddenly falls down and remains for some time in a state of insensibility or "coma," as it is technically termed, with or without stertorous breathing, he has, in the language of the schools, a "stroke of apoplexy." This "stroke" is generally supposed to be caused by blood bursting from a blood-vessel and pressing on the brain. But in ninety-nine such cases there is nothing of the sort;—as is daily proved by there being no extravasated blood found in the brain on the dissection of people who have died of this disease. On *post mortem* dissection in such cases, in place of "blood clots," the ventricles of the brain are generally more or less filled with a fluid like water. And this fluid, in the belief that apoplexy can only be caused by pressure on the brain, is almost universally regarded as the origin of the apoplectic symptoms for which the patient was treated while living. But instead of being the mechanical *cause* of the disease, this "cerebral effusion," as it is called, is the unquestionable *effect* of the debilitating remedies prescribed by the doctor to cure the apoplexy! The proof whereof is, that this identical cerebral effusion may be produced in any state of the body, by any exhaustive process, and more particularly by loss of blood. When Dr. Seeds, in his experiments on animals, purposely

bled healthy dogs to death, he found the ventricles of the brain filled to overflowing with this watery fluid! Who after this will talk of cerebral effusion as a cause of apoplexy?

Like most other so-called local complaints, apoplexy is the result either of a fever, or a feverish condition of the entire frame. In one case, the face of the patient will be pale and shrunk; in another, red and turgid. These symptoms being essentially different, are evidences of two different conditions of body. They occur in states analagous to the cold and hot stages of ague;—during severe paroxysms of which disease, by the way, apoplexy, with those two different conditions of face, has not unfrequently been developed. The pale and red face in the latter case, of course, are respectively incidental to the cold and hot stages of the paroxysm of ague.. Further, in the greater number of apoplectic cases that daily come before us, remissions more or less perfect may be detected,—no matter what treatment has been employed. The doctor, of course, too often claims these remissions as the effect of his own skill!

"Formerly," says Dr. Watson, "at the suggestion, I fancy, of Dr. Fothergill, it was much the fashion to give an *emetic* in the outset of the treatment of apoplexy. But this remedy is a ticklish remedy, capable of doing good or harm, according as it is *well* or *ill*-timed. [Upon the same principle are not all remedies ticklish remedies?] If there be already extravasation of blood, [which seldom happens,] or even *plethora capitis*, the act of vomiting will be likely to increase the existing mischief, and to enhance the danger. On the other hand, it may rouse and rally the nervous power, when the patient is pale, and cold, and faint. [Dr. Watson speaks without experience of emetics in either case. *The practice should be the direct reverse!*] Yet this

can never be regarded as a legitimate purpose of emetics in apoplexy. They can safely be recommended in those cases *only* in which the coma may appear to depend *wholly or in part upon a loaded stomach.*"

Dr. Watson is all abroad on the subject of emetics here. The salutary influence of medicines of this class, in Apoplexy as in other complaints, may be obtained very generally where the stomach is not loaded at all;—and that for a very good reason. Before the medicine used for the purpose can cause vomiting, it must, in the first instance touch the substance of the brain itself;—the vomiting here being only one of many secondary effects of a great revulsive cerebral movement. Give a man a blow on the head, he vomits;—take him to sea, he vomits;—put him in the circular swing, he vomits;—show him something that disgusts his *mind,* he vomits. Nay, inject ipecacuan into the vein of a dog, and you will vomit the animal as effectually as if you made him swallow it! In this instance, as in apoplexy, the action of the emetic, instead of being mechanical simply, is revulsive or *medicinal*; and all medicinal substances, however or by whatever door they enter the general circulation, act primarily on the brain and nerves. The emetic in many cases of apoplexy will not act at all till the patient's brain has been first cooled by the cold dash! The apoplectic patient is very often as insensible to medication as a dead man. Dash cold water over his head, and occasionally you may see him stagger to his feet a few minutes after. The fatal error in the treatment of apoplexy is the constant assumption of a ruptured vessel, or "blood-stroke;"—a fact which, if it exist at all; can only be detected after death. The same class of symptoms, on which this assumption—so often a mistake—is founded, may be induced by alcohol or opium. Medical practitioners, as Dr. Watson himself admits, cannot tell

sometimes whether a man is in a state of apoplexy, or is simply drunk! This one fact ought, centuries ago, to have taught physicians that a comatose condition of brain may exist without any vascular pressure whatever. In puerperal convulsions you have the same coma, the same insensibility, coming on and going off intermittently and periodically for hours together;—the periodic coma in that case depending upon the intermittent and periodic inaction of the atoms or molecules of the brain itself,—an inaction or stagnation altogether independent of any fulness or other theoretical condition of the blood-vessels of the organ. Every symptom of apoplexy may be produced by cerebral exhaustion from depletion, with or without rupture of a blood-vessel. Hence, whatever breaks down the whole vital force must contribute to the more rapid rupture of any blood-vessel which, from weakness of its coats, may be predisposed to rupture. The rupture of a blood-vessel in the brain may be actually induced by starvation or loss of blood!

"The classes of persons," says Dr. Watson, "in whom, *cæteris paribus*, attacks of apoplexy are especially to be apprehended, are those whose ancestors have suffered from the same disease—those who possess a particular conformation of body—and above all, those who have reached a certain period of life." "Advanced life is certainly a very strong predisposing cause."

What is Dr. Watson's treatment of this disease of advanced life?

"Bleeding, (he says) is our sheet anchor." "We ought to bleed our patient largely, and at once." "After one *sufficient* bleeding from the arm, the vessels of the head may be further relieved by cupping the nape of the neck or the temples; and venæsection may be repeated, if the condition of the pulse and the symptoms should require its repetition."

"After the first free bleeding, (Dr. Watson continues), you must be guided by the special circumstances of the case, and particularly by the pulse. [The pulse! how often it misleads people!] The woman at present in the Middlesex Hospital with paralysis of the limbs on one side, and of the face on the other, attributes her palsy—erroneously, most likely—[*correctly*, Dr. Watson!]—to her having been cupped. She had had a blow some weeks before, and suffered headache from that time. At length she was cupped from the neighbourhood of the head, and the *next morning* she was *paralytic*. This might have been an accidental coincidence. [On the contrary, it was a consequence, as Dr. Watson's next case will go far to show!] But I remember being sent for, a few years ago, to see a patient at Greenwich, who had already three physicians about him, and was apparently in danger of apoplexy, of which he had for some time experienced distinct warnings. The three physicians had agreed that he ought to be cupped from the back of the neck—to which I assented; and while blood was being *rapidly extracted* in that manner, he became all at once hemiplegic. [In other words, he lost the use of one side!] Similar cases have been noticed by other persons."

What effect had such facts on the school-bound mind of Dr. Watson? Simply this—"Therefore we are not to bleed without measure or discretion."

In the Greenwich patient; was the palsy that took place during the cupping, the result of bleeding merely, or of bleeding "without measure or discretion?" Did the pulse indicate or forbid bleeding in that case? Four physicians, of whom Dr. Watson was one, recommended deprivation of blood by cupping;—and the result? "While blood was being rapidly extracted in that manner" the patient lost the use of one side of his body!

Dr. Watson looks upon the emetic practice in apoplexy as doubtful; he calls it a ticklish remedy. Did he ever know a case where paralysis followed its use? I never did. "The practice of giving emetics, (says Mr. Copeman,) when the attack has succeeded a full meal [and in my experience, whether it has or not!] has not only been *safe*, but *effectual*. In cases occurring in old age, brandy and other stimulants have restored animation, and removed the apoplexy." And this also accords with the results of my own practice;—a practice which Mr. Copeman, like so many others, has without any acknowledgment copied.

The emetic, when its influence is favourable in apoplexy, acts as a febrifuge simply. There can be no apoplexy without fever, or a feverish state of body;—the pale face and the turgid face respectively indicating, as already observed, the presence of the cold and hot stages of aguish disease. Treat an apoplectic patient as you would treat the subject of any other fever. Give brandy and water, if the face be pale;—prescribe an emetic if the face be turgid; and if the head be hot, dash cold water over it at the same time.—Follow up this treatment with quinine, arsenic, or some other febrifuge and you will obtain more or less relief. Dr. A. Thompson recommends arsenic in apoplexy, after the complexion has been made pale by repeated depletion. Spare the patient such preliminary discipline. An emetic will make the face pale enough for any useful purpose. After the emetic has ceased to act, you may without any fear of the consequences, give the patient a glass of brandy and water as soon as he is able to swallow it.

"When the immediate danger," says Dr. Watson, "has passed by, and *paralysis* remains, we are not to be over-busy. If the palsy is to get gradually well, it must be by virtue of time, and the resources of nature. To young

and strong persons I should, under such circumstances, give small and repeated doses of *mercury;* and [not to be over-busy!] in ALL CASES I should prescribe APERIENT MEDICINES, so as to keep the bowels freely open *twice* or *thrice* a-day—enjoin perfect quiet, and put the patient upon very short commons."

"You will often," Dr. Watson proceeds to say, "have to contend against the ignorance and impatience of the sick, or of their friends, on these occasions. They think that weakness is to be remedied by strengthening food, such as meat and drink, and tonic medicines;—or, if they are not so foolish as this, they will want to be electrified, or to be put into a warm bath. Certainly, in the earlier states of the palsy that remain after apoplexy, none of these measures ought to be permitted."

Had Dr. Watson been better acquainted with the nature of morbid action, it is more than probable he would have qualified some of these observations. In my own practice, I very often commence the treatment with "tonic medicines,"—if by tonic medicines he meant iron, quinine, or arsenic,—with the best effect. And where the patient has expressed a wish for "strengthening food, such as meat and drink," I have never found any advantage in denying him either. I have even permitted him to use a warm bath, and to be electrified, without in any way aggravating his condition.

Dr. Watson's practice in all disorders for many years past, as the whole profession knows, has been of the most decidedly antiphlogistic kind. But, with every allowance for this sanguinary bias, it is utterly inconceivable how any man, with the slightest pretention to write or act logically, could treat a "disease of advanced life" after the fashion we have seen him recommending. What

virtually is the sum and substance of Dr. Watson's practice in Apoplexy? This:—

Given an apoplectic old man, whose brain and blood-vessels already partake of the general weakness incidental to advanced age, our model physician ransacks his experience to ply him with almost every exhaustive measure known to physic. Not content with repeated applications of the lancet, and by "large" and "sufficient" bleedings drawing off the life-blood that keeps the poor man's soul and body together, Dr. Watson, thinking, doubtless, the large and *sufficient* bleedings *insufficient*, like the daughter of the horse-leech, thirsts for more! And more and yet more blood he accordingly contrives to extract from the unhappy subject of his art by "cupping the nape of the neck, or the temples." Having proceeded thus far in his labour of love, the doctor now puts aside his bleeding instruments,—his lancets and his cups,—and restricts himself to a measure which he evidently considers to be mere placebo treatment. "When the immediate danger has passed by, not to be over-busy,"—not to tire either himself or his patient unnecessarily, but to enable the palsy to "get gradually well, by virtue of time and the resources of nature,"—Dr. Watson now, in a half-awake half-asleep tone, orders "APERIENT MEDICINES, so as to keep the bowels FREELY OPEN, TWICE OR THRICE A DAY." This little measure of mere routine, he informs us, is his usual practice "in ALL CASES OF APOPLEXY." And by way of compensation for thus carefully husbanding "the resources of nature," Dr. Watson enjoins "perfect quiet," and puts the patient (whom, after repeated bleedings and cuppings, he now continues to purge twice or thrice a day) upon—What? Mutton-broth and brandy and water? No—"upon very short commons!"

"To young and strong persons"—persons of an originally weak conformation of brain,—and, of course, in no way debilitated by all this preliminary discipline—Dr. Watson further prescribes, "under SUCH CIRCUMSTANCES, small and repeated doses of mercury." In other words, in addition to the very gentle measures above enumerated, he does his best to bring those so called "young and strong persons" into a state of mercurial salivation!

Such is the general and particular treatment of apoplexy, for old and young, adopted and recommended by a physician whom the great body of the profession for the last twenty years, have, in preference to all others, very generally called to what they term their "consultations!"

By which procedure you see how, to a mathematical certainty, any idiot the London doctors choose to palm off on the public as their "great man," may, for years and years, without any scandal, continue to transmute the elements of the yet living organism of his numerous patients to *guano* simply. Were this Dr. Watson's avowed object, how could he possibly improve the treatment? What better recipe could he give than this for reducing an honest man's flesh and blood to manure? Reader, what would you think of a merchant who should first get rid of a great part of his capital, and then, upon a diminished income, multiply his expenditure two or threefold? Such is the plan of cure recommended by Dr. Watson. Yet it is but just to him to say, he is not alone in this practice. Dr. Watson is only the type of a class of practitioners who think all this "killing no murder." People there are, nevertheless, who will look upon it as little short of madness,—madness with a method in it. "Ignorant and impatient sick, or their friends," as Dr. Watson himself tells us, will sometimes think this practice wrong from beginning to end, and wish to try,

instead "strengthening food, such as meat and drink," "tonic medicines," and other "foolish" remedies. But what can ignorant or impatient sick, or their friends, know about physic or physiology. Ah, if ignorant people only knew half as much about the physiology of their own living bodies, as many of them know about the inflections of two dead tongues—Greek and Latin—the doctors of the school of which Dr. Watson is the type, would very shortly be compelled to dine off one, at least, of their own favourite remedies for apoplexy—"very short commons."

I have already adverted to the later practice of Dr. Todd in Apoplexy—namely, "quinine and mild tonics from the commencement." The following observations from Dr. Todd's pen contrast somewhat curiously with Dr. Watson's practice in that disease:—

"With reference to this question of depletion in Apoplexy, I would refer you to an interesting and very useful work by Mr. Copeman, in which he has collected, from a great variety of sources, a large number of cases which presented the symptoms of apoplexy. Of 155 cases in which the treatment was specified, 129 were bled, and only 26 were not. Of the 129 who were bled, 51 recovered, and 78 died; the cures being 1 in $2\frac{1}{2}$, the deaths 1 in $1\frac{2}{3}$. Of the 26 who were not bled, 18 were cured, and 8 died; the proportion of cures being 1 in $1\frac{1}{2}$, and of deaths 1 in $3\frac{1}{4}$. Eighty-five of the cases were *bled generally and copiously*, and of these only 28 recovered, and 57 died; in other words, *two* in every *three* cases terminated FATALLY. I am quite aware that the small number of cases not bled casts some doubt on the validity of the conclusion to be drawn from the comparison of the results of the treatment. But the fact that considerably MORE THAN HALF OF THOSE TREATED ON THE ANTIPHLOGISTIC PLAN DIED (and we owe

much to the industry of Mr. Copeman for bringing it out), is a highly significant one, and should arrest attention. I think I have now said enough to convince you that the treatment of patients with apoplectic symptoms must not be regarded as a matter of routine, but as a question of grave import, and which demands the most anxious consideration of the practitioner. Let me add, that it sometimes requires the exercise of no small courage and self-possession to resist adopting that practice; for the popular feeling, led by the PREVALENT MEDICAL PRACTICE, is entirely in favour of it, and would readily condemn a practitioner as guilty of the death of his patient who suffered him to die unbled. It is by far a more dashing and courageous thing to open a vein on the spot and in the presence of a number of anxious friends, than to adopt less showy and apparently less active measures."—*Dr. Todd, in Medical Gazette, Nov.* 8, 1850.

Having thus in 1850 abandoned the bleeding practice in his apoplectic cases, Dr. Todd, from that time to the day of his death, pursued a treatment which, in the teeth of the whole medical world, and consequently in the teeth of calumny and wrong, the writer of these pages, as the reader has seen, had publicly inculcated fourteen years before him! Nor was Dr. Todd content without any acknowledgment thus to follow my practice in apoplexy only; he had previously done the same thing in pneumonia and pleurisy, —diseases for which Dr. Watson, by the way, in addition to the frightful measures he employs in apoplexy, recommends blisters "almost as large as a waistcoat!" Further, Dr. Todd thought proper yet again, jackdaw-like, to strut in borrowed feathers by adopting, with similar silence, my doctrine of the vito-electric action of the brain. To conceal his plagiarisms he changed the Greek word "atom" employed by me, into its Latin equivalent "molecule." And—to

simplify the subject, I suppose,—introduced in connection with it the absurd word "polarity!"

When, in 1836, as the reader has seen, I first published the chrono-thermal doctrine, repudiating the lancet and the leech in all diseases, the profession to a man cried out, "Dickson is mad! What would he do in Apoplexy?" Apoplexy in 1836 and long after was the *experimentum crucis* of chrono-thermalism. Statistics, as it happened, were not so much in vogue in 1836 as they are now. But so far from dreading that method of settling the question, the founder of the chrono-thermal system was the first to demand statistics in all complaints—apoplexy included. The reader has seen the comparative results of the bleeding and non-bleeding treatment in that disease. And now let me ask, —What has the profession been doing for the last twenty-five years? All that time they have been, more or less, reversing their practice! From 1836 to the present hour, doctor after doctor, and surgeon after surgeon, have been putting forth monograms on the greater number of diseases for which bleeding was for centuries the universal practice,—*statistically* proving the truth of every one of my positions!

CHAPTER X.

I MUST now address a class of medical men who, like Dr. Todd, ascribe some, if not all diseases, to a humoral origin, *i.e.* to a poisonous humour or other morbific matter in the blood. Dr. Watson, among others, still adheres to this idea in certain cases; adducing the Gout more particularly as an instance of disease from this presumed source.

"The pathology of Gout," Dr. Watson tells us, "has been the theme of endless controversy. Humoralists and

solidists contend alike for the triumph of including the disease within the pale of their respective theories. The very name *Gout*, derived through the French *goutte* from the Latin *gutta*, expresses summarily the doctrine of those who imposed it; and we trace the same, or a similar idea, in the application of the kindred disorder *Rheumatism*. 'The opinion,' says Cullen, 'which has generally prevailed is, that gout depends upon a certain morbific matter always present in the body; and that this matter, by certain causes thrown upon the joints, or other parts, produces the several phenomena of the disease.' You will find this doctrine at the bottom of all Sydenham's speculations on the subject; but Cullen doubted it, and even endeavoured, in an elaborate argument, which you may read in his *First Lines*, to disprove it. He held gout to be an affection of the NERVOUS SYSTEM. I shall not trouble you by detailing his argument, for I CONSIDER IT AN UTTER FAILURE. I am satisfied that the ancient doctrine, which asserts the *humoral* origin of the disease, is the true one. 'Morbific matter'—it may well be called a poison—is generated or detained, under certain circumstances, within the body, and silently collects in the blood; until after obscure threats, perhaps, and prelusive mutterings, it EXPLODES IN THE PART [!], and the bodily economy, like the atmosphere after a thunderstorm, is for a while unusually pure and tranquil."

Reader, what is all this but mere rhapsody? Who, with the slightest knowledge of the true nature of any disease whatever, would be so absurd as to put such nonsense on paper?

Is, or is it not, the disease we call the Gout a periodic disease,—subject, of course, like all other diseases, to have its periodicity disturbed by the interference of accident or art? Do, or do not, the paroxysms of gout obey the law

of repetition common to all disorders? Has, or has not, the gouty patient periodic remissions and recurrences as surely as the subject of any other disease? Convince yourself of this by a description of it from the pen of Dr. Watson's favourite author—Sydenham. Sydenham tells you how "the patient goes to bed and sleeps well till about two o'clock in the morning, when he awakes with a pain seizing his great toe, heel, calf of his leg, or ankle. It is at first gentle, increases by degrees, and resembles that of dislocated bones; towards the following night it reaches its height, accommodates itself nicely to the various forms of the bones of the instep, whose ligaments it seizes, resembling the gnawing of a dog, and becomes at last so exquisite, that the part affected cannot bear the weight of the clothes upon it, nor the patient suffer any one to walk hastily across the chamber. The severity of this *first* attack continues for twenty-four hours, when the sufferer enjoys a little *ease*, begins to perspire, falls asleep, and when he awakes finds the pain much abated, but the part swollen. The *next* day, and perhaps for the *two* or *three* following days towards the evening, the torture returns, but REMITS towards the time of cock-crow."

What are the gouty swellings of the joints but the successive local developments of a remittent fever of the whole body—a fever involving the solids as well as the fluids; a fever which, under no circumstances, can occur without a coincident remittent affection of the cerebro-nervous system? The same external causes which have set up an epilepsy in one man, or an ague in another, may set up gout in any constitution predisposed to gout. How can the north-east wind, or mental worry, produce any one disease—gout among the number—without previously affecting the brain and nerves? Can you cure one or

other of those paroxysms without also, in the first instance, influencing the great nervous centre—the Brain? Have not the passions—terror and rage—caused and cured the gout in persons predisposed to it, as certainly as they have caused and cured a fit of hysterics, or a fit of the epilepsy in patients predisposed, by hereditary or other tendencies, to either of these confessedly nervous disorders? Even Dr. Watson admits this; Dr. Watson, who laughs to scorn Cullen's idea that gout is a nervous disease. The following from Dr. Watson's own pen is an absolute refutation of his own position!

"Strange stories are recorded," he says, "strange—but I believe true—of *instantaneous cures* of the gout by strong mental emotion—by sudden terror—by violent wrath. Dr. Rush relates an instance of this:—An old man, who for several years had suffered an *annual* [periodic?] attack of gout, was lying in one of these paroxysms, when his son, by some accident, drove the shaft of a waggon through the window of his room with vast noise, and a great smashing and destruction of glass. The old man leaped out of bed, forgetting his crutches; and his wife, on entering the apartment, was surprised to see him walking up and down, and exclaiming angrily against the author of the mischief. The late Professor Gregory, of Edinburgh, was in the habit of mentioning another example to the same effect, authenticated to him by a naval surgeon. It occurred in the person of an officer, who was freed from an attack of gout, when at sea, by an alarm of fire. Whether this influence of certain states of the mind be rightly alleged or not, we can never hope to make any practical use of such a remedy. Indeed, a fit of the gout has been sometimes brought on by a mental shock."

"Sydenham relates, that one of the most atrocious attacks

of gout he ever underwent was induced by intense thought and study in the composition of his medical works."

All this we have from the pen of the man who laughs at Cullen for thinking gout a nervous disease! This much Dr. Watson confesses; yet, with a *naïveté* utterly inconceivable, he cannot for the life of him, he tells us, turn this particular knowledge to a practical account! Not once do the admitted facts, that gout may be caused and cured by a mental emotion, suggest to him the particular system which plays the *primary* part in this disease, and on which, moreover, if the physician wishes to do his duty to his patient, he should be prepared to act with his instruments of cure—namely, on the brain and nerves. What could be a better refutation of Dr. Watson's own position, that gout is caused by a poison in the blood, than its instantaneous cure "by a mental emotion?" When a man gets instantaneously cured of gout by a passion, or by anything else, what becomes of this imaginary poison of the blood? By what "explosion" does it vanish? Or, how can a mental emotion suddenly purge the blood of *lithic acid*, which certain other writers—Sir B. Brodie included—assume to be the chief cause of gout, without a previous action of the brain and nerves?

"There is reason to believe," Sir B. Brodie tells us, in his edition of 1850, "that the real and efficient cause of gout is the presence of an unusual quantity of *lithic acid* in the blood; and, indeed, the fact has been established by the interesting researches of Dr. Garrod."

The interesting researches of Dr. Garrod do no such thing, Sir Benjamin. The interesting researches of Dr. Garrod simply establish the fact that lithic acid may be detected in the blood of the gouty patient, if the practitioner be so ignorant of his art as to bleed in the gouty paroxysm.

But is the lithic acid here *coincidence*, *consequence*, or *cause?* During the paroxysm of gout, as during the paroxysm of every other disease, however set up, the blood ceases to maintain the condition of healthy blood; but this altered condition of its constituent principles is no more the cause of the gouty fits than the crassamentum, observable in blood drawn during a paroxysm of acute fever, is the cause of the febrile disturbance! In the case of gout, so far from lithic acid, or any other morbid product in the blood drawn during the paroxysm, being the cause of the paroxysm, neither the one nor the other could possibly be created without that great coincident constitutional wrong. The lithic acid here is the result of a previous nervous disturbance of the whole frame. It is part and parcel of a paroxysmal attack occurring in a person predisposed to gouty disorder of the joints,—precisely as the so-called scrofulous diseases of the same localities are the results of a previous remittent febrile attack of the whole body of patients predisposed to such complaints. The conclusion which Dr. Watson, Sir B. Brodie, and Dr. Garrod, have drawn from the facts before them, is utterly untenable on any theory whatever. The simple admission that the gout may be instantaneously caused or cured by a mental emotion is a complete death-blow to the humoral view of the case. Equally destructive to that idea of the cause of gout is the fact that, like epilepsy and mania, gout has been indubitably brought on by a purge, and also by loss of blood.

"If," asks Heberden, "if, indeed, a fit of the gout be only giving vent to matter which has been collected, and ought to be discharged, how comes it to pass that the taking of purging physic, at the end of a regular fit, will be apt to bring on a fresh fit? which I have reason to believe not

only from my own experience, but upon better authority than my own."

The difference between an attack of gouty disease of the joints, and an attack of scrofulous disease of the same parts is, that in the one case there is a tendency to chalky deposit, and in the other a predisposition, on the contrary, to the deposit of tuberculous matter. But both diseases may be brought on, in different individuals, by the same cause—mental trouble, the east wind, or anything else. Both have, moreover, this analogy—that both complaints are always the results of previous remittent disease of the whole body; and, further, both may be cured by one and the same febrifugal agency—arsenic, quinine, hydrocyanic acid, or iron, for example. Combined with colchicum or guaiac, these remedies are very effectual. Few cases of gout, if treated in the early stage, will resist one or other of these particular febrifugal combinations. Were lithic acid, or any other real or pretended poison in the blood, the cause of gout, how could these remedies cure the disease? How could a passion cure it or cause it? Like the passions, one and all of these medicines produce a favourable or unfavourable influence—for they may do either—in the case of gout, as in the case of other diseases—by their action on the brain and nervous system. How does the action of colchicum, a febrifuge which Dr. Watson erroneously believes to be a "specific" for gout, square with the humoral doctrine of a blood poison?

"Colchicum, judiciously employed," Dr. Watson says, "may fairly be accounted a *specific* for the gouty paroxysm. This drug has certainly the property of easing, in an almost magical manner, the pain of gout. *How it operates, is not so clear.* It is apt to produce nausea, faintness, and diarrhœa; but its curative influence *is not conditional*

upon the occurrence of these symptoms.—Sometimes, the rapid disappearance of the gouty imflammation is its only perceptible effect. The patient may be in helpless agony, with a tumefied red joint to-day, and walking about, quite well, to-morrow. The colchicum, therefore, is plainly an anodyne."

An "anodyne;"—a soother! Why, then, on your own admission, Dr. Watson, the primary action of colchicum must be on the brain and nerves; it must begin with the nervous system. That, at least, is the generally admitted action of an "anodyne!"

Dr. Watson mistakes very greatly when he supposes colchicum to be a "specific" for gout, or that there is in nature a specific for any disease whatever. A specific means something that will, in every case of a given disease, do the same thing. Were colchicum such a medicine as he believes it to be—were it a fact, that this remedy could *always* produce a good effect in gouty subjects, how comes it that so many who have tried it, in every form and stage of the complaint, are at this moment suffering from chalk-stones in their joints? How comes it that certain gouty subjects, so far from being relieved by colchicum, have their pains aggravated every time they take it, in whatever form it may be prescribed? In a word, what does Dr. Watson know either of the rationale of the gout or its treatment?

CHAPTER XI.

In each of the three so-called "liberal professions" very great changes of opinion are at this moment manifesting themselves. Whether as regards the Church, the Bar, or the Medical Profession, the necessity for reform is every day

becoming more and more urgent; and it is gratifying to know, that in each of these professions, something has already been done to forward the march of improvement. The men who live by the Law, more particularly, have lately, to a certain extent, been compelled, however reluctantly, to bend to the intelligence of the age. In the establishment of the County Courts, England has obtained the first instalment of a great beneficial legal change;—a change which, at no distant day, must be made to extend to the iniquitous proceedings of our so-called "Courts of Equity." The good example America has so recently set us in that respect, cannot much longer be resisted by any interest, or combination of interests, however powerful. Speaking of the new order of procedure, which has been so successfully introduced into the Courts of Law of *New York*, Judge Brown made the following observations:—

"The Code, in the first period of its being, has been met by great opposition—not unnatural or unreasonable by any means—which every just and beneficial reform encounters, and which every measure of reform should be prepared to encounter upon its first application to the affairs of men. It necessarily unsettled many questions touching the practice of the Courts. It temporarily embarrassed the judges, perplexed the lawyers, and subjected both to some inconveniences. It rendered the learning, labour, and experience of many years in the practical part of their profession in a great measure useless—and required them to give up their time and attention to the study of an entirely new system. In this respect, men of the largest experience, and men just on the threshhold of professional life, were reduced to a common level. Yet I venture to doubt whether there is an intelligent man amongst them all, who has witnessed its operation from the Bench or the Bar, who will deny to the

Code of Procedure very great merit and superiority in practice."

Mutatis mutandis, how completely every word of these observations applies to the Chrono-thermal System of Medicine, and the changes which that system has already worked in the medical practice, whether of the Old World or the New; for, in America, as in England, a great revolution is now taking place in the opinions and practice of the regular physicians From the universal darkness which formerly prevailed throughout the medical world,

Thirteen years ago, Professor Draper, in his Introductory Lecture at the Medical College of New York, made the following extraordinary admission:—

"So rapid is the advance of the great sciences—Anatomy, Chemistry, and Physiology—that most assuredly in less than twenty years the Great Physician will have come: *the man is now born who will seize the grand prize.* Even those amongst us who have most upheld our old professional theories, and have tried to keep in reverence the old opinions and the old times, find that under the advances of the exact sciences our *position is becoming untenable.* The ground is slipping away from beneath our feet. *We are on the brink of a great Revolution.* Go where you will amongst intelligent physicians, you will find a deep, though it may be an indistinct perception, that a great change is imminent. In politics and religion, every crisis finds its representative and embodiment in some man. Is it too much to hope that in this nation of practical men, one may be found who will stand forth the teacher and master of Physicians—the greatest of all the benefactors of our race, who will do for Medicine what NEWTON did for Astronomy? And oh, what a glory if he should do it in these walls!"

On which patriotic wish the Editor of the *New York Sunday Despatch,* from which the above extract is taken, makes the following curt remark:

"He has come already, Dr. Draper!—He has been on hand ever since 1836, when he, Dr. DICKSON of London, announced the discovery of the Law of the Periodicity of all Diseases;—a law which was taught most impressively from the very chair you sat in when you made the above confession, by Dr. S. H. Dickson, now of South Carolina; [no relative or connexion of the present writer] but who was *crowded out of his Professorship in your Institution,* because of his teaching that important medical truth, a truth so unpalatable to those steeped to the lips in error."
—*New York Sunday Despatch,* 1850.

the announcement of my discovery, fell upon the doctors like a thunderbolt. If to some it gave light instantaneous, the greater number were only stupefied by the suddenness and intensity of the blaze. Indeed, for the first few years after its introduction, Chrono-thermalism was still a dead letter to the mass of professional men.—It was not the interest of the medical press to give it currency. Directly, or indirectly, the English medical periodicals are the mere organs of so many London medical cliques;—they support the men who support them. During the life-time of Dr. Todd, the conductors of the medical press were very shy of naming the "tonic and supporting practice" at all; but after his death, in the face of the facts with which the reader is familiar, one and all of them—with the single exception of the *British and Foreign Medical and Chirurgical Review*—ascribed the honour of the recent changes in medical practice to the "improved pathological views of the King's College Professor."—Invaluable "pathological views" those, wherein the nervous or pathetic system is almost entirely ignored, and a figment of Dr. Todd's own brain—"blood-poison"—substituted for the Law of Periodicity!

Many persons only know the Chrono-thermal System through the distorted representations of men interested in keeping up the reign of corruption. "The light shineth in darkness, and the darkness comprehendeth it not." So far as regards the great mass of professional men, these now secretly acknowledge that the science and the learning, on which in their early years they were so accustomed to pride themselves, were, all through, the greatest mistakes. But, even when admitting this, few of the seniors will forgive the individual who compelled them to lower their pretensions to superiority as men of science. It would indeed be wonderful if they did; for, we have yet to learn that any

men, or body of men, have ever been remarkable for magnanimity under such circumstances. What marvel, then, if the so-called Heads of the Profession should still exhibit the most determined hostility to the author of their humiliation—a humiliation so complete, that the practitioner of thirty years standing found himself all at once reduced to the level of the last arrival from the medical schools! From Sir B. Brodie and Dr. Watson to the Graduate of a year, all were compelled to learn and unlearn; and some, as we have seen, to write down almost all they had previously written up. The greater number have altered their plans with no very good grace. Pretending every kind of excuse for their change of practice but the true one, few or none of any eminence now bleed or leech as they were accustomed to do during the first twenty or thirty years of their "early professional life." Here and there some grey-headed individual may possibly be found who still pours out the heart's blood as if it were so much ditch-water. Before the announcement of the Remittency of all Disease, that practice was universal. By refusing to give credit to the man who actually forced this change upon them, the profession go far to establish the charge of want of principle now brought against them in so many quarters! But, even with the great changes already introduced, much still remains in the *practice* of physic to make it utterly nugatory as a conservative art. Before Medicine can be what it pretends to be, the art of shortening the sufferings, and lengthening the lives of the sick, the mode of remunerating the practitioner must be completely altered. His interest and the interest of the patient must not be, as they are at present, in direct opposition. Skill and reward should go hand-and-hand here, as in other professions. It is quite the reverse now; and yet, while human nature continues to

be what it is, to make men of business prefer the interests of others to their own is impossible.

Until the medical profession are paid for talent instead of for time, the needy doctor, like the needy lawyer, will look for his reward more to the insidious procrastination of the cases of those who employ him, than to any amount of benefit he may confer on them by his science and skill. Without such procrastination—without such fiddle-faddle treatment,—as things are now managed, four-fifths of those who at the present time contrive to live by physic, would be doomed to starvation. Hence, with medical men now, procrastination is the life and soul of business. The public have only to will a change in the mode of remunerating their doctors, to produce such a change in the practice of physic as would ultimately secure the interest both of patient and practitioner. Until that is done, Quackery, both in and out of the profession, will ramp and triumph. The only possible manner in which the regular physician can compete with the homœopathists, and people of that class, by whose invasions his means are now so crippled, is to embrace the Chrono-thermal System in its entirety,—not secretly and by stealth, like Sir B. Brodie, Sir H. Holland, and others,—but openly, honestly, and unreservedly, giving to Cæsar what is due to Cæsar. This system is catholic and eclectic. It rejects no agent, old or new, which can be shown to act as a remedial force; on the contrary, it gives a ready welcome to any new substance of a soothing, supporting, or revulsive character. It moreover points out the true principle of the action and application of all febrifuge medicines, namely, their power of influencing Temperature and Time. When the chief business of the physician shall be to prevent the recurrence of the paroxysm of disease, whatever be its name or supposed nature, he need

have no fear of any class of quacks. The increasing intelligence of the nation will bear him up against all dishonest opposition. But this, it is obvious, cannot be done without an alteration in the mode of remunerating him for this right application of his zeal and real science. The public sooner or later must make it the interest of the medical profession to shorten sickness. They should pay their ordinary attendant so much for yearly attendance, whether sick or well; when calling in other assistance they should pay for skill and the case—the quicker the cure the better the reward!

I shall conclude this chapter with the following *Evidence of Military Medical Officers and others in favour of the Chrono-thermal System*:—

Dr. Hume, Inspector-General of Hospitals, writes thus from Fort Pitt, Chatham:—

"Deny it who please, Dr. Dickson's writings have forced—though not to the full extent—a change upon the practice of the men who conspire to cry him down. They have all but worked a complete revolution in army practice; and when I look to what is going on in civil life, I may say the same of the whole medical world. It is as difficult at this moment to find a doctor or apothecary under forty who bleeds at all, as it was to find one who did not bleed in almost every case when Dr. Dickson first startled the profession with the announcement of his new manner of treating diseases. All now plagiarise him more or less—even those who abuse him most. My various Annual Reports to the Director-General of the Medical Department of the Army, testify to the success of the chrono-thermal practice, and to its immeasurable superiority over all other modes of treatment."

Dr. Dartnell, Inspector-General of Hospitals, also thus writes to me from Fort Pitt, Chatham:—

"The profession, for some years past, have been gradually adopting your views without having the honesty or manliness to acknowledge it. I can assure you that since I read your *Fallacies of the Faculty*, in 1843, I have never used a lancet; and my only regret now is that I ever used one at all. Shortly before I left India, in 1831, I was bled largely myself, contrary to my own earnest entreaties; and the effect upon me was such, that from that time I very rarely used the lancet for others; and after reading your book, I gave it up altogether. In Canada I was once called to see an officer who had fallen down in an apoplectic fit—a powerful young man, of full robust habit. His family stared in astonishment and alarm when I declared that I should not bleed him, and even hinted that if I did not do so, they would lay his death to my door. I did not bleed him, and fortunately for me, as well as for my patient, he recovered. I treated him on your plan. His feet were put in a mustard bath while I poured a stream of cold water on his head. I have done the same many times since, and I have not lost an apoplectic patient."

Dr. Mackintosh, Principal Medical Officer of Ordnance, Southsea, writes to me thus:—

"Southsea, May 18th, 1857.

"My Dear Sir,—I have just re-read, with renewed interest and benefit, your *Fallacies of the Faculty*, and I fully subscribe to the value of your ideas and practice therein contained.

"I have been now seventeen years a Surgeon of Artillery, and have had extensive practice in different parts of the world. For the last sixteen years I have been practising medicine after your own model, and always with the most

marked success. I was one of the first who decried bloodletting, leeching, cupping, and other butcher-like practices in our extensive Military Hospital at Woolwich; and I fully proved to all who looked on, that your Chronothermal treatment, more especially in the acute cases of young recruits, so abundant in that hospital, was the only scientific, and the most successful treatment.

"Yours very truly, W. H. MACKINTOSH. M.D.
"Dr. Dickson, 28, Bolton Street, Piccadilly."

DR. JOHN FINDLEY, Surgeon Royal Navy, while stationed off the African Coast, thus wrote in praise of Chronothermalism, in the treatment of the fevers of the tropics:—

"Epidemics we do not lack, and, though not molested with influenza, or cholera, we have a fierce enough enemy to contend with in the shape of Bilious Remittent Fever, peculiar to the tropics. During the last three months. I have had *sixty-six* cases without losing one. I have stuck entirely to DICKSON'S practice. None of your bleeding, leeching, salivating, and drugging; but QUININE in large doses! This knocks the disease on the head at once, and your patient recovers, not a blanched and wretched remnant of humanity, but in a few days is as useful as ever."

DR. MOFFIT, H.M.S. Arethusa, in corroboration of Dr. Findley's statement, writes to me thus:—

"I must tell you I was first led to employ chronothermal treatment in a case of Remittent Fever, in Rio Janeiro, by one who had, without acknowledgment, adopted your views; and the effects were so startling that I never dared return to the old practice. Had I got your book then, it would have saved me a world of trouble, for I had all my old prejudices to contend with. A subsequent commission of nearly five years on the West and East coasts of

Africa brought me in contact with the Fever peculiar to these coasts; and althongh I had many very bad cases, all terminated favourably; and the great dread I felt of the African Fever gave way to the delightful feeling, that at last a remedy was found for this hitherto fatal disease, in chrono-thermal treatment, which I look upon as the true KEY TO OPEN AFRICA to the commerce of the world. It affords me much pleasure to add, that I have been enabled to innoculate many of my brother officers with your doctrines; and I hope the day is not far distant, when the medical officers in Her Majesty's Navy will be chrono-thermalists to a man. I know well, if they once give the system a fair trial, they will never leave it off again, until the last trace of the bleeding, blistering, and calomelizing system is purged from their minds. During the whole of my practice in Her Majesty's service, I am not conscious of having slain any one; and I think, under God, I am indebted to you for this happy result. I will ever feel much pleasure in acknowledging you as my chief in the healing art, and sitting at your feet for further instructions."

DR. LACOMBE, Physician to the Military Hospital of Puerto Cabello, Venezuela, writes to me under date 2nd April, 1850:—

"The chrono-thermal practice is indubitably the most efficacious in every kind of fever, as will be readily admitted by all capable of forming a fair judgment—should *interest* not interfere. In former years, the general practice of this country, in fever, was bleeding in the first stage of the disease; and the average of deaths was from 20 to 30 per cent. The average of deaths now, since bleeding is less used, is only from 2½ to 4 per cent. Dr. Otto Urich, a respectable medical gentleman, of the Island of Trinidad, told me—some years ago, in Caracas—that the average of

deaths, in the above island, when bleeding was profusely used there, was 48 per cent. in cases called 'Fever.' If the approval of your system of medicine, by one so out of the world, can be of any service to its extension, pray use this letter as you think proper."

Dr. BRETT, a Medical Officer, attached to the Fever Hospital, Brownlow Hill, Liverpool, where fever is generally of the Typhoid form, under date November, 1847, writes thus :—

"I have treated 700 cases of the worst form of FEVER chrono-thermally with extraordinary success. The general mortality of Liverpool has been one in six. My deaths have been only 1 in $10\frac{1}{2}$. This is a great difference."

Dr. DUNCAN, of Lochalsh, thus writes :—

"Lochalsh, Ross-shire, N.B., *4th Feb.*, 1859.

"SIR,—I feel I owe you a debt of both honour and duty, which I ought to have discharged long ago ; however, it is 'better late than never.'

"I have read several of your valuable medical works with as much pleasure as I did Robinson Crusoe, or Don Quixote, in my schoolboy days ; and with infinitely more profit, in a practical point of view, than the most elaborate treatises on disease. I have in my possession the '*Fallacies of the Faculty*,' the '*Unity of Disease*,' the '*Chrono-thermalist*,' and '*The Destructive Art of Healing*;' and have read them all over and over again, and each time with increased delight and instruction.

"I happened, one lucky day, to be ransacking the library of an old medical friend, in search of medical works, and accidentally came upon the gem—hidden amongst a lot of rubbish, ancient and modern—your *Fallacies of the Faculty*. 'Fallacies of the Faculty;' I ejaculated ; 'that's surely a strange work.' And having

naturally a great liking for anything in the shape of satire, I promised myself some amusement from the perusal of it; conceiving that it must be full of jokes at the expense of the doctors, but not anticipating profit as well as pleasure.

"As I had no disposition to put implicit faith in the teachings of my professional preceptors, and wished to reserve to myself the right of honest doubt, I can assure you that your doctrines and precepts fell like good seeds on a genial soil ready for their reception; and they have sprung up, and yielded me a crop of very precious fruits. I have ever since been a willing disciple and faithful follower of your system, and my success has been commensurate with its sense and simplicity. I have never once since used a lancet or a leech in my practice.

"In conclusion, allow me, sir, to express my great respect for you as the first reformer of medical abuses in this country; nay, more, as a general benefactor to mankind. I feel myself under many and great obligations to you, as the person who first taught me how—

> 'To render with my precepts less
> The sum of human wretchedness,
> And strengthen man with his own mind.'

Your writings were the means of strengthening my heart and hands, dispelling my doubts, and allaying my fears; so that my hopes are no longer vain, nor my efforts fruitless.—I am, honoured sir, most respectfully yours;

"Samuel Dickson, Esq., M.D., "Geo. Duncan, M.D.
Bolton Street, Piccadilly, London."

Dr. Condict, of Washington, United States, writes thus:—

"*Washington City, D.C. December 2nd,* 1848.

"Dear Sir,—Several years since, your work *The Fallacies of the Faculty* fell into my hands. I read it with

care, and every successive perusal imparted new strength to my confidence in the truth of your great doctrine, the 'Periodicity of Universal Nature.' Prior to the hour that made me acquainted with your book, I had followed the profession mechanically—much as a blind horse moves round the mill. Upon the first perusal of your writings I felt an almost irresistible impulse to offer you my humble tribute of thanks, small as it may be. I have allowed the lapse of several years to put your principles and doctrines to the test, and I can say that upon trial they have more than answered my most sanguine expectations.

"The Practice of Physic I no longer regard as uncertain and vague. The light your philosophic mind has poured into its dark recesses has rendered it intelligible, interesting, and useful.

"Should you never present the world with any thing more, what you have already published is enough to entitle your name to be enrolled among those of the greatest benefactors of mankind, whose fame must be as enduring as time.—I am, Sir, very sincerely, your obedient servant,

"H. F. Condict, M.D."

"Dr. Dickson, Bolton Street, Piccadilly, London."

PART III.

CHAPTER I.

It is not now denied by the great body of professional men themselves, that for some years past medicine has been in a transition state. But to account for the numerous reversive alterations in their treatment, they have had recourse to various devices;—the most notable of which I now propose to examine—"a change in the type of disease." The idea was certainly ingenious, but it took some time to incubate; and it has, besides, had to pass through several rather laughable phases.

Scared by the new light that had so unexpectedly burst upon them, the doctors at first were completely puzzled how to act. To keep much longer to the old medical traditions in the face of the chrono-thermal discovery was evidently impossible. Between change or modification of treatment and probable loss of professional business, the doctors felt they must soon come to a decision. But for a considerable period no two of them could agree how best to escape the dangers that confronted them. At last, under the guidance of Sir B. Brodie, Dr. Todd, Sir H. Holland, &c., they determined to modify their practice, adopting, as we have seen,—

> "A crooked treatment of their own,
> A mongrel mixture of the old and new."

But even while making this compromise they found they

had still a difficult task before them. It was obviously not their interest to admit to the outer world that the greater part of what the profession had been doing for centuries was wrong. After trying various unsuccessful manœuvres to mask their change of treatment, they started the fiction of a change in the type of disease. Under cover of this device, professional men of all grades took it for granted they might now make whatever alterations they pleased, without in the least forfeiting the respect of their patients or the public. The so-called leaders of the craft even more eagerly seized upon the same device as the best method of retaining their prestige, and preserving the position which by fair means or foul they had attained in the medical hierarchy. To these last-mentioned gentlemen, indeed, it seemed a matter of life and death thus dexterously to ignore, if they could not by other means crush, the heretical hand that, in spite of every obstacle on their part, had forced them to reform their practice. But, however well calculated to impose on the general public, this piece of stratagy did not entirely blind the eyes of reflecting men. The assumption that a change had taken place in every kind of sickness, so complete as to necessitate an all but thorough reversal of medical practice, appeared even to many non-professional minds a mere "party move of the doctors." To the more honourable members of the profession itself, there did certainly seem something absurd in the idea that—

> "Gout in all its stages
> Had ceased to be the gout it was for ages,—
> That fevers, small-pox, chicken-pox, catarrh,
> WERE NOT the same REMITTENT ILLS THEY ARE."

For to this complexion the announcement of a "change in the type of disease" most assuredly came. Just see what such a statement assumes. It assumes a complete

change in the nature and constitution of man, and an equally complete change in the order of the signs and symptoms of every disease under the sun. It involves, moreover, an utter abandonment of a belief in any theory of disease whatever, and a consequent disbelief in any *abiding principle* whereon a theory of cure that would survive twelve months certain, could be constructed or maintained!

The reader may possibly wish to know who set this idea afloat—and where and when it was first made a stock-piece in English medical play-acting? A change in the type of disease was first put out as a feeler at the Westminster Medical Society in 1844. At a meeting of that Society, held in March, 1844, Dr. Copland, the well-known author of the *Encyclopædia of Medicine*, in deference doubtless to the prevalent doctrine of the schools, made a statement to the following effect—namely, that "since about 1826 or 1827 the malaria from the wood-pavement had caused all diseases to become intermittent and remittent, particularly in London and the outskirts." Not only was this statement then and there made with all gravity and deliberation, but in the *Medical Times*, and in other medical journals of the year 1844, very duly appeared Dr. Copland's announcement that up to "about 1826 or 1827," there was nothing but continuous suffering throughout the world. The "wood-pavement," according to an anachronism of the learned doctor, was put down about that time in the streets of the metropolis; and the malaria therefrom, forsooth, very shortly afterwards did away with all necessity for the lancet "in London and the outskirts."

> Malarious winds now round and round us flitted,
> And from that moment all our ills—REMITTED!

Before 1826 or 1827, if we may believe Dr. Copland,

intermittent disease was the rare exception—and continuous and inflammatory disease the rule; for which, THEREFORE, bleeding, repeated and re-repeated even to the point of death, in chest disease more particularly,—till this epoch—was the *sine qua non* of remedies. Then, too, for the first time, so at least Dr. Copland said, "Quinine and Bark" required to be substituted for bleeding in the diseases of the lungs. Why did Dr. Copland delay till 1844 to announce his discovery of that "fact?" And how came he to allow his medical brethren to slay and slaughter their fellow-men, as we have seen them doing, without a word of reprobation, from 1826 or 1827, till 1844? What a wonderfully reticent man Dr. Copland must be, to have kept his tongue within his teeth during seventeen such murderiferous years!

Dr. Copland's statement imposed upon nobody. But the idea of "a change of type" was too valuable to be hastily abandoned by the doctors. It was accordingly taken up by other medical men in other quarters, and in other forms. Some of the alleged causes of this alleged change are amusing.

A writer in *Chambers' Edinburgh Journal*, for example, will have it that the gradual substitution of "tea and potatoes" for ale and animal food in the diet of the people has very sensibly "mitigated the ferocity" of all complaints. According to this writer, tea and potatoes have actually brought about the medical regeneration of the human race. And what is equally curious, a similar change, if he be right, would appear to have taken place in the constitution of many of our domestic animals. Certain Edinburgh gentlemen, with the late Dr. Alison at their head, have assured us that the diseases of horses, asses, and horned cattle, have all, within the present generation, been com-

pletely altered too. By "tea and potatoes?" No; but "somehow or other." Many doctors, nevertheless, declare with the eminent Dr. Watson, of London, that the human constitution has been certainly altered since the Cholera came to England in 1832. According to these last, the Cholera has not only altered the constitutions of those it attacked, but it has, "somehow or other," completely changed the constitutions of those it never attacked at all. But, according to one and all of these gentlemen, whatever be the true theory of the cause of this "change of type," nothing is more certain than that the people of these degenerate times "cannot bear depletion as they formerly did;" inasmuch as fever, small-pox, chicken-pox, and the like, are no longer the "inflammatory" complaints they used to be. Even pneumonia, and apoplexy—according to the late Dr. Todd, and other very original writers—must no longer be treated "antiphlogistically." All diseases, now-a-days either taking a low adynamic form, or coming on like the ague more or less intermittently and paroxysmally, can only now, like the ague, be cured by "quinine," "iron," and other febrifuge remedies. So changed, in a word, has become the type of all diseases, even the most sanguinary surgeons can by no possibility adopt the lowering measures they practised within the last twenty years in cases of accident—broken heads and broken bones, for example—not in these islands only, but throughout the civilized world!

What are we to think of all this? And how are we to settle the matter? The truth is there never has been any change in the TYPE of disease at all;—for this very sufficient reason such a change in any disease, past, present, or future, is an utter impossibility. That particular complaints have occasionally appeared in a milder *form* than they usually do, and *vice versâ*, is undeniable. Nobody dis-

putes the fact. But let us fully understand in what this admitted variation of form consists. It consists simply in the greater or less divergence of the symptoms of any given disease from their usual standard of *prominence*. The symptoms in either case differ, where they do differ, only in degree. They are, in fact, the self-same symptoms in excess, or in diminution, compared with the symptoms of the same disease in its ordinary form. Take small-pox or chicken-pox, for example, no variation of degree in the intensity of the symptoms, could by any possibility affect the TYPE of disease in either complaint. The type of disease is immutable. Could small-pox be transmuted into chicken-pox, and *vice versâ*, the complaint so transmuted would still, in its chronometrical sequence of paroxysm and remission, conform to the unchangeable type of all disease —Intermittent Fever. How, then, could any mere variation of degree in the symptoms of any given complaint affect the therapeutic treatment of that complaint—if correct—beyond a mere variation of the measure or degree of employment of the identical therapeutic means in ordinary use? How could it possibly *reverse* the principle of cure? A correct principle of cure under every variation of form or degree which disease can assume, must hold good for all time. In the past, the present, and the future, such a principle must be irreversible. What, under any conceivable circumstances, can be more irreconcilable with the true principle of *reparative* treatment, than to abstract the *material of all repair*—the living blood and its elements—when the body is in a state of disrepair? To substitute one medicine for another, or even under certain circumstances to withhold medicinal agency altogether, is not in the least inconsistent with a sound principle of cure. But, under any conceivable circumstances, to draw away the

living blood, or multiply the normal expenditure of the body by a purgatorial rule of three, is not science, but science run mad! Such, nevertheless, was the medical mania of centuries. Only he who denies the necessity of husbanding the material of repair under all circumstances can ever be compelled to *reverse* the *principle* of his remedial plan. The assertion, then, that a change has taken place in the TYPE—the IMMUTABLE TYPE OF DISEASE,—of such a kind, moreover, as to necessitate an all but complete reversal of the principle of cure,—is on the face of it a pure fabrication! What say you to that Men of the Schools? Put it all down on your tablets, ye perverters of science! and chew the cud of reflection over it!

The assumption that every form of disease has changed its type,—need it be repeated?—was an expedient for the nonce, a mere professional blind, devised by the men at the medical helm, to mask their novel manœuvres. "In all human rule," according to Lord Bacon, "provided it be of a *scientific kind*, they who sit at the helm can more successfully superinduce and insinuate into the people their own wishes and what is suitable by *dissimulation and indirect proceedings*, than by direct and open ways."

The fiction of a change of type, for a time at least, proved of two-fold service to the leading doctors and their satellites. In the first place it enabled them gradually to reform their treatment, without for a moment abandoning their position, that all they had been formerly in the habit of doing was in strict conformity with the most certain deductions of science. In the second place, it enabled them, at their pleasure, even when plagiarising his system, to ignore or lie down, the man who, in spite of every obstacle on their part, had notoriously forced this change of practice upon them! Throughout the whole of this transitional period,

the great object of the doctors has been to maintain the Medical Hierarchy intact. Without a device of this kind, the general body of practitioners could by no possibility have continued their allegiance to the medical mediocrities who, through interest or intrigue, had become the "leading men of the profession." By means of this impudent *ruse* every member of the Medical Hierarchy, from the highest to the humblest, has managed to retain his relative professional status. The routine of medical business goes on in 1863 very much as it did in 1836. That the practice of physic has changed considerably in the interval is admitted by all;—but practitioners conduct their business relations with each other in the same manner as formerly. The eminent Mr. Humdrum fraternizes with the redoubtable Dr. Humbug precisely as he did some seven and twenty years ago. When matters are at a stand-still or begin to look serious, and the patient or his friends are getting restive, Mr. Humdrum "calls in" his friend Dr. Humbug to "cook accounts and make things pleasant." All this is understood;—to act contrary to this course would be a breach of professional etiquette. The right thing at all times for professional men, whether they agree or disagree among themselves, is to support each other in presence of their patients; and more particularly to be in unison in consultations. To the heretic, therefore, who stormed their camp, and who, to the detriment of his worldly prospects, forced reform upon them at the point of a pretty sharp pen, very few of these "respectable gentlemen" will give any credit whatever. As a rule, the whole race of Humdrums and Humbugs object to meet him in consultation. Why? Because no man, according to them, can possibly remain in communion with the profession who pretends to stop a fever. The sting lies in the last words—*C'est la verité qui pique.*

The Humbugs and Humdrums close their ears when the word "febrifuge" is mentioned.—"Stop a fever, stop your bread and butter.—Out on the man who would ruin a whole profession for such a crotchet!" Duly impressed with that sentiment, the entire Humdrum and Humbug connexion throughout the country secretly arrange to hustle out of every house within their respective beats, the "rabid fool" who, contrary to every rule of science, would prevent a "twenty-one days fever from running its natural course!" Take a lesson from this, ye would-be discoverers in Medicine! Take a lesson from the ethics of Pall-Mall East.

At the present moment, perhaps, there is less said about a change in the type of disease than there used to be a few years back. Whether it be that the device has served the turn of the doctors, or that the public have got their eyes more open to its absurdity, I will not pretend to say.—But, at all events, other causes are now occasionally alleged for the recent alterations in practice. Certain members of the profession for example, have of late ascribed them to a little work on the "Effects of Loss of Blood," published so far back as 1828, by Dr. Marshall Hall. With equal justice these gentlemen might attribute the changes in question to the writings of Hippocrates, Celsus, Galen, or any other great doctor of antiquity. That the author of the work just mentioned did in certain cases, condemn bleeding is undeniable. But, it is equally undeniable, that so far from discountenancing the practice of bleeding as a remedy, Dr. Hall in the very same work advised that, in certain other cases, the patient should be bled in an erect position, the more rapidly to induce syncope or swoon! Among the laity, Dr. Hall's work never had any circulation; and that the few copies which fell into the hands of the profession made no perceptible change in their practice is evidenced by the facts.

and dates recorded in the foregoing pages. Dr. Hall, moreover, to the last, was himself occasionally in the habit of prescribing bleeding, leeches, setons, and other exhaustive measures;—measures which it is to be hoped will soon be altogether exploded from the English practice of physic.

CHAPTER II.

The history of a discovery is generally little more than a history of moral martyrdom;—denial, plagiarism adulteration, and opposition of every kind following each other from first to last with wonderful regularity. Through all these phases the Chrono-thermal Discovery has passed and is passing at the present moment. Plagiarists of the doctrine began to crop up at a very early date,—plagiarists more particularly of the paroxysmal and periodically intermittent nature of all disease. In the autumn of 1839, Sir Henry Holland, as our readers have seen, commenced this not very creditable line of authorship, in the first edition of his *Medical Notes and Reflexions.* Her Majesty's Physician in Ordinary did not remain very long without a henchman here. In 1842, Professor Laycock, of Edinburgh, then practising medicine in York, read the first of a series of plagiaristic essays on "Vital Periodicity" before the "British Association for the Advancement of Science" at the very first meeting of that body, which, as it happened, was held in the latter city. This proceeding he afterwards supplemented by a paper or two in the same vein, which he published in the *Lancet.* Mixing up the subject with some crazy speculations of his own about a "day of twelve hours," and certain "multiples and sub-multiples" of the mystical number "*seven,*" Dr. Laycock claimed to have discovered "a General Law of Periodicity which regulates all the vital movements of all animals." This discovery the professor,

among other matters, "to prevent controversy," claimed "as his own." A horror of controversy seems to have haunted him here;—the expression was evidently penned in anticipation of something of the kind. A controversy at all events, instead of being prevented, was thereby provoked. The founder of Chrono-thermalism and Dr. Laycock were not long before they had an argumentative tilt at arms. The result proved unfavourable to the Professor. Finding himself beaten in his claim as a discoverer, Dr. Laycock did his best, like Sir Henry Holland in a similar predicament, to back out of a position he could no longer maintain;—but he acted his part after a different fashion. While the Baronet, as we have seen, carefully concealing himself behind what he supposed to be a veil of impenetrable secrecy, made the reluctant admission that his own Observations on Diseases of an Intermittent Kind were "wholly subordinate" to my "larger conclusions;" the undaunted Professor printed and published in the *Lancet* an out-and-out disclaimer of the doctrine which only a few weeks previously he had in the pages of the same journal, with a great sound of trumpets claimed as his own, namely, the doctrine of Vital Periodicity. To this lame and impotent end, Dr. Laycock came, he tells us, "for this best of reasons, that it is probably just as old as the pyramids!" If that be true, why was he such an unreasonable simpleton as to claim this doctrine of Vital Periodicity as his own? And more than that, why when he discovered his mistake did he not at once convert probability into certainty here! No need to go so far back as the time of the Pharoahs. An effective extract from Hippocrates, or any other recognised writer of a later antiquity would have enabled the pleasant Professor to walk out of the controversy a little less crest-fallen, than when,—after a vain search, doubtless, for any such,—he turned off in the hazy direction of the pyramids!

The doctrine of Vital Chronometry, or Vital Periodicity, it may now be supposed, began to have some value in professional eyes. That it has had a very particular nature in the eyes of others, besides Sir H. Holland and Dr. Laycock, will be shown in the sequel. Do pickpockets risk detection for an empty purse?

But, whatever the great medical people of the day thought of the new doctrine, it had not the good fortune in the outset to enlist the profession at large, either in England or elsewhere, in its favour. So late, indeed, as 1845 its author was very generally regarded as a lunatic for his "antiphlobotomy mania." And, notwithstanding the publicity given to the plagiarisms recorded above, the doctrine of the Periodicity of Disease was by many professional men declared to be "sheer humbug." Such, at least, in 1845, as the reader knows, was the verdict passed upon my Theory and Treatment of Disease in the leading medical journal of that Athens of America—Boston. An equally unfavourable verdict had been duly pronounced upon both, in the pages of the *British and Foreign Medical Review* two years previously—in 1843 to wit,—by the late Sir John Forbes, the editor and founder of that great organ of our own Metropolitan Medical Schools.

Pretending to lay before his readers a fair and just criticism of the *Fallacies of the Faculty*, and to do justice to the author's doctrines "by giving them and the proofs in his own language," Sir John Forbes began by misquoting and mis-stating everything in the book that told against the then practice of physic.

The very first quotation in the first page of his Review was a misquotation!—The second quotation in the same page was a misquotation!—The first quotation in his next page was a misquotation!

Not one word did Sir John Forbes say on this occasion against the sanguinary and salivating tendencies of his brethren in his review of a book wherein they were one and all condemned. On the contrary, he derided the writer for his objections to a practice that had stood the test of centuries;—ironically observing, "The profession ought to have a general fast, and all day long repeat the Litany as one method of escaping the vengeance due to their impious presumption in phlebotomising their patients!"

From the critical Sir John Forbes, the periodicity and intermittency of the phenomena of health and disease on the same occasion met with similar ridicule. The "electrical doctrine," too—a doctrine since plagiarised by the English physicians Todd, and Hughes Bennett, and latterly by the German physician Bishoff—he pronounced it to be "stark-staring nonsense." The entire volume, indeed, he characterised as a "farrago of nonsense—a hash of a few old truths and many fantastic speculations."

Not very unctuous language this from a gentleman in the position of Sir John Forbes. I do not mean his position in the critical world;—I allude to his place at Court. The late physician to Her Majesty's Household was evidently nettled by the way I had shewn up his friend and colleague Sir H. Holland, now the Queen's Physician in Ordinary. How impolitic, to say the least of it, such a wholesale condemnation of a work embodying the identical doctrines which, while pirating, Sir H. Holland himself had so largely endorsed! Before three months were over, Sir John Forbes discovered his error. In the very next number of his journal he felt compelled to "eat his leek." His recantation, however, displayed an ungenerous spirit;—for although unsaying all he had so shortly before said on the subject of the intermittency and periodicity of disease, he

in no way reversed the judgment he had passed on the *Fallacies of the Faculty*. On the contrary, to deprive its author of the merit of discovery, the Reviewer resorted to an artifice so transparently dishonest, the wonder is he could look the most obtuse of his readers in the face the first sunny morning after he put it in practice!

But on the present occasion Sir Oracle was not satisfied with merely abusing my book. Having disposed of its contents in the manner above shown, he next turned his attentions to the writer. Here, again, the language of the Physician to the Household savoured rather of Billingsgate Market than Buckingham Palace. The courtly Sir John must have been in a pretty temper when he so far forgot his company manners, as to ask his readers the question, "Has not Dr. Dickson made an ass of himself?" But even while irate, Sir John Forbes could be funny when it pleased him.

The unorthodox declaration that intermittent fever or ague is the type of all disease, afforded him the opportunity for a joke. "Ague and Dickson," quoth Sir John. "Now I'll be down upon him!" And forthwith from his grey goose quill came the nice little sobriquet of "Ague-Dick;"—a sobriquet which he hoped would "attach to our author." Sir John's next move was to "accord to Dr. Dickson the triple crown in modern science." "Our tiara, however (he told him), must be made of foolscap, being the material nearest at hand." Anticipating the possibility that "Dr. Dickson, being a man of warm feelings, may think our strictures severe, and in the next edition of his book may be inclined to be severe upon us," the impartial Sir John craved Dr. Dickson's mercy, and advised him, "for his own sake," to be "mild, and eschew all symptoms indicative of a 'fitful fever,'—

'Lest people should cry,
As he passes by,
There goes *Ague*-Dick in a flutter!' "

But, as if in his own person, to exemplify, in the most signal manner, both the cold and the hot stages of the "fitful fever" he had so kindly advised Dr. Dickson, for his own sake to eschew, the same shivering Sir John who, in a cold morning of *January* gave such a repulsive shudder on coming into contact with the Periodicity of Disease, no sooner got warmed by the very next *April* sun, than he turned round, and, with a smiling face, accorded to the heretical doctrine a welcome in every way suitable to the altered aspect of the season!

In the *January* number of the *British and Foreign Medical Review* for 1843, the doctrine of Periodicity and Intermittency, if we believe Sir John Forbes, is all nonsense. In the *April* number of the same year, according to the same consistent authority, Periodicity is by no means an unlikely thing. And as for the Intermittent nature of Disease—on second thought he found that nothing could be very scientifically done in physic without it. But let me here record the fact in his own words. Do not be astonished, reader, the following paragraph is the verbatim production of the same pen that denounced the Intermittency of Disease as a delusion three months before!

"THE INTERMITTENT NATURE OF DISEASE MUST MOST CERTAINLY BE BETTER UNDERSTOOD BEFORE WE CAN PRACTISE MEDICINE SCIENTIFICALLY."

Here, then, we have a complete recognition of the principle upon which the writer of these pages had, seven years earlier, based his proofs of "*The Fallacy of Physic as taught in the Schools;*"—a work which bears on its title-page the Roman numerals MDCCCXXXVI.

To whom did Sir John Forbes confess his obligations for his present enlightenment? Who or what led him to regard Intermittency in such a favourable light,—Intermittency which, only three months before, he had so unceremoniously spurned from his pages? The versatile Sir John did not think it necessary to say; but he followed up the subject thus:—

"Dr. [now Sir Henry] Holland has an interesting Essay on the subject in his *Medical Notes and Reflexions*, and more recently Dr. Laycock has endeavoured to demonstrate a General Law of Periodicity. If *his* researches prove correct, a *considerable change* must take place in both the the theory and practice of medicine."

Reader, what a startler all this for your most obedient humble servant! Fancy my astonishment to find the "hobby" I had been accused of riding to death, thus enhanced in value by the same pen that only three short months before, had so cruelly criticised it in all its points! But astonishment soon turned to indignation when I found my property thus coolly disposed of to the piratical gentleman who, under pressure, publicly abandoned his claim to it—"for this best of reasons that it is probably just as old as the pyramids."*

If the change in the practice of medicine contemplated by Sir John Forbes was not at first so considerable as he seemed to expect, the fault was not with the present writer. But the fact remains the same; for in 1846—three years later—we find Sir John Forbes himself, in the pages of the *Lancet*, deploring the "excessive blood-letting," and other atrocious measures which were then still so much in vogue. Things have nevertheless, greatly improved since 1846;—and whatever the doctors may say to the contrary, somebody or something must have been the cause of the change. To

whom or to what, then, must we ascribe the great, but gradual alteration in medical practice, which is now so conspicuous to all? To the "interesting essay" of Sir Henry Holland on Intermittency;—to the more "recent researches" of Dr. Laycock, on the "General Law of Periodicity;" or to the "Change in the Type of Disease?"—which, strange as it may appear, Sir John Forbes, even so late as 1846, never once condescended to name!

In the teeth of the evidence herein produced, he would be a bold man who would ascribe this all but complete reversal of medical treatment to any of the three. As far as Sir H. Holland and Dr. Laycock are concerned, the sooner they shrink, like snails, into their respective shells the better for both! Any bravado on the part of either will not do away with such a signal discomfiture. The change in the type of disease I have already disposed of.

CHAPTER III.

In the outset, the doctrine of the Unity, Periodicity, and Intermittency of Disease made more converts among the laity than among the profession. The chagrin of the medical men at this success was visible to everybody. The first move on the part of the profession was to deny every one of my propositions. "How can this Army doctor be right, and all the great dons of the craft be wrong?" Such a supposition, they declared, was an insult to a learned and enlightened body of men. But non-professional people began to see things in another light;—and a very general distrust of the Faculty gradually sprung up. My condemnation of blood-letting the doctors knew not, at first, how to parry. The sanguinary treatment, they all admitted, had cer-

tainly been carried too far—" by incompetent practitioners." This qualified admission did not deceive those to whom it was addressed. The public knew that in that category almost every member of the profession might be included. Finding this perversion of the truth unsuccessful, the next ruse of the leaders of the craft was to plagiarise and adulterate my views;—passing them off, at the same time, through their organs in the medical press, as their own original discoveries. There was nothing very new in this modern dodge. In opposing former discoverers it had been occasionally successful. If it failed in the case of Harvey and Jenner, with both of whom it had been tried, it has, up to the present time, kept the fair fame of Alexander Walker in the background. Some even of my medical readers may never have heard the name of the great physiologist, who discovered the Duplex Nature of the Spinal Nerves. His story may, therefore, be of interest here.

It had long been familiar to medical men that a person might lose the *sensation* of touch, and even pain, in any part of the body, and yet retain the complete *moving* power of the muscles of the same part, and *vice versa*. The cause of these different phenomena nobody could explain till Mr. Walker obtained a clue to the mystery while investigating the functions of the Spinal Nerves. Before his time, these nerves were supposed to be of a homogeneous structure. By a more careful dissection, Mr. Walker, on the contrary, found that each spinal nerve could be separated into two distinct portions;—one portion having the fibrous character, common to nerves distributed to muscular parts;—the other consisting of a uniform softer structure, resembling that of the nerves of sense—the optic and auditory nerves, for example. To this soft portion

Mr. Walker was led, partly by analogy and partly by observation, to assign the function of sensation or impression. To the fibrous portion, for a like reason, he assigned the function of volition or expression. Thus, according to Mr. Walker, each spinal nerve, though contained in one sheath, forms, in reality, two distinct nerves,—namely a nerve of sensation, which has an ascending action to the Brain; and a nerve of volition, having a descending action from the Brain to the muscular or moving apparatus of the body. "The nerves of sensation, therefore," Mr. Walker remarks, "may be said to resemble the arteries; the nerves of volition, the veins." And this doctrine, which makes the Brain at once the Head and the Heart of the Nervous System, Mr. Walker still further explained by his description of "the DOUBLE COLUMNS of the Spinal Marrow."

"But it may be questioned (Mr. Walker says) by which nerves, columns, and cerebral masses, the action *ascends* to the Brain, and by which it *descends* to the muscles. Fortunately, here nature directs us." And having referred to the nerves of smell, sight, hearing, and taste,—which "join the ANTERIOR masses" of the Brain,—Mr. Walker deduced the fact, that the sense of touch being an ascending action, must be towards the same anterior cerebral masses, through the ANTERIOR COLUMN of the Spine;—while, as in the case of certain muscles that move the eye, all the other voluntary muscles must be supplied by nerves which descend towards them from the posterior masses of the Brain, through the POSTERIOR COLUMN of the same Spinal Chord.

Such was the beautiful discovery of Mr. Walker—published, in all its perfection and completeness, so early as 1809. Twelve years afterwards, SIR CHARLES BELL thought he could improve it.—In a series of papers read

to the Royal Society, in 1821 and 1822, wherein he actually ignored everything which Mr. Walker had over and over again printed and published on the subject, Sir C. Bell thought it the height of sublimity to REVERSE Mr. Walker's discovery!—in doing which, as Mr. Walker has since proved, Sir C. Bell committed "a plagiarism, an inversion, and a blunder!"

Contrary to all analogy, contrary to everything like common sense, Sir C. Bell made the perceptive or ascending action begin in the nerves that join the Brain by the POSTERIOR column of the spinal chord; and voluntary or descending motion he made to proceed through the ANTERIOR column of that chord. He might just as well, like some new Harvey, have reversed the Circulation of the Blood!—According to Sir C. Bell, the sense or perception of touch, unlike any other sense of the body, is situated not before, but behind! —What a want of *perceptive* power must the schoolmen possess who still call the discovery of the Duplex Nature of the Spinal Chord "the discovery of Sir C. Bell!" Yet as such, in its stupidly blundered state, does this discovery stand, at the present hour, in the physiological books of every college in the three Kingdoms;—and this, too, notwithstanding that, many years ago, Mr. Walker demonstrated, by the most unanswerable arguments, that the cruel vivisections on which Sir C. Bell grounded his pretended discovery, were completely misinterpreted by the man who made them. To the arguments of Mr. Walker it was the policy of Sir C. Bell, and his friends, never in any way to allude! Subsequent writers, nevertheless, have brought forward facts that must for ever remove the slightest doubt of the truth of Mr. Walker's view of the matter. The late Mr. Stanley, in particular, published the

case of a man who, for some time before death, had been unable to *move* his legs throughout their entire extent, but whose *sensation* was not perceptibly blunted. On examining the spinal chord after death, the *anterior* column exhibited its normal white appearance; while the *posterior* column was unusually soft and tenacious, and of a brown colour. This one fact, were there no other, demolishes for ever Sir Charles Bell's claim as a discoverer.

Whenever an invention or a project pertaining to medicine is brought forward by any ingenious person, the leading members of the different medical cliques of the metropolis, usually confer together in secret, and determine on a course of action. The discovery is, at first, decried by every possible means, and every effort made to keep it from the public, particularly if it be one likely to diminish or *shorten sickness*. When this course is found, after a time, to be unsuccessful, the next move of these unprincipled people is to adulterate and disguise it, and then give credit to some of themselves for the light, which before they had thus enveloped it in haze, so scared them all on its first outburst! This, my readers may observe, has been done with the discovery of Mr. Walker, who, beyond all question, was, at least, the first discoverer of the *double* nature of the Spinal Nerves. The entire merit, in truth, belongs to Mr. Walker; but Sir Charles Bell having a strong connexion both in London and Edinburgh, got—and, though now dead, still gets—a good deal of reputation for what was neither more nor less than a barefaced swindle on his part!

"New truths of a higher order, and of which the connection is not seen with common and hackneyed doctrines, are scouted by all, and especially sneered at, denied, and abused by the base creatures who have just sense enough to

see there really is something in them—who have just ambition enough to make them hate one who appears to know more than they do, and who have just cunning or skill enough to bias minds yet weaker than their own. To crown suitably such procedure, the doctrines at first denied are subsequently pilfered with all the little art of which such minds are capable."

Alas! for the ethics of London Medical Life! The paragraph which so fully and feelingly describes the professional gauntlet the propounder of every new medical truth must run—namely, first to battle for the truth, and secondly to fight a succession of duels for the property—is from the pen of the accomplished man who discovered the Duplex Nature of the Spinal Nerves—ALEXANDER WALKER.

CHAPTER IV.

AT page 826 of his *Examen des Doctrines Medicales*, Broussais puts the question bluntly—"Whether has physic done more ill or good to mankind?"

On the 16th of February, 1846, Magendie, alluding to the antiphlogistic treatment, in his place at the College of France, said, "Were I to tell all I think, I should say that where medication has been most active the mortality has been greatest!"

Chomel, in his *Pathologie Generale*, makes this remark, —"The most important branch of medicine is still enveloped in darkness."

Towards the close of his career, Corvisart thus expressed his contempt for orthodox physic,—"Bah! it is good for nothing."

I could multiply, to an amusing extent, these sceptical

opinions of the princes of the French School of Medicine. But I will sum up the whole with the declaration of Bouchardot, in his own language,—"*la science medicale n'est pas faite.*" And this quite accords with the words of our own Heberden,—"The art of healing has scarcely hitherto had any guide, but the slow one of experience, and has made no illustrious advances by the help of reasoning."

The writer of these pages leaves it to the reader to say whether or not he has made a discovery which lays the Healing Art entirely open to argument and common sense!

At the risk of fatiguing him with a twice-told tale, I must recall his attention to the following order of events:—

In 1836, I published "*The Fallacy of Physic as taught in the Schools,*"—the first of a series of works, in which blood-letting, and other exhaustive practices then so prevalent, are condemned in all their forms.

In 1838, I brought out the "*Unity of Disease,*" wherein the facts and arguments stated in the previous volume are corroborated by fresh facts and arguments to the same effect.

In 1839, increasing in boldness, I gave to the world the "*Fallacies of the Faculty, with the Chrono-thermal System of Medicine,*" a work still more extended in its general scope, and equally condemnatory of the exhausting measures that had been so long taught in the Schools of Physic.

The reader is requested to note here, that the writer never in any of these volumes, pretended to be the first professional opponent of the malpractice in question; Van Helmont, John Brown, Hahnemann, and others before him, having in their respective days, and after their respective fashions, partially at least, condemned the sanguinary treatment of disease. But possessing no knowledge of any abiding physiological principle whereon to ground their opposition to the practice, all their efforts to modify or

restrain it signally failed. The discovery of a great physiological truth—the discovery of the chronometrical nature of Life in Health and Disease—enabled me to obtain a success which, in no one instance, had fallen to the lot of any of my predecessors. My objections to the exhaustive treatment of the schools may be summed up under three heads:—

1. The inconsistency of the practice, with a common-sense view of it, as a reparative system,—the blood and the elements of the blood, which is abstracted or withheld, being the materials of all repair.

2. Its diminution of the supporting power and withdrawal of the controling force of the mainspring of Man's Unity—the Brain;—that *vito-electric* source of all his sensations and all his movements, sound or sick.

3. The injurious interference of the practice with the telegraphic and chronometrical movements which in all animal bodies constitute Life, whether in Health or Disease;—a discovery which has entirely changed the face of physiological science.

It was on this discovery principally, as the reader has seen, that in each of the three volumes mentioned above, I based my condemnation of the sanguinary practice.

The periodical Intermitteney or Remittency of morbid movements, which the profession so long believed to be exceptionally produced by an ideal agency *external* to the body, I shewed is a LAW OF ALL DISEASE; depending on the vito-electric influence of a real and palpable agency *within* the body itself;—a law in accordance with the law of storms and other known perturbations in the economy of nature.

This discovery, being in direct contradiction to everything then taught in the schools of physic, upset the most cherished notions of medical men. The prevailing belief then,

and for many years afterwards, was that there can be no intermittent or remittent disease—no ague or anguish fever—without the presence of a mythic vapour, which the doctors, as we have seen, termed "marsh-miasma," or "malaria." And so certain were the profession of this imaginary fact, that when confronted with cases of intermittent and remittent fever from accidental causes—burns, broken bones, and passions of the mind for example,—Dr. C. B. Williams and others thought they sufficiently accounted for the Intermittency in these cases, on the supposition of the "malarious nature of the atmosphere" in which the accidents in question might have occurred! Even so recently as 1845, Dr. Watson for one, very confidently held the same opinion. In illustration of the views which, in common with the great body of the profession, Dr. Watson then entertained as to the supposed cause of Intermittency, I have extracted certain passages from the second edition of his *Practice of Physic*, and placed them in the note at the foot of the page.*

* "The exciting cause of Intermittent and Remittent Diseases—the primary exciting cause I mean—that *without which* Ague could never occur at all—deserves a somewhat particular consideration. I need scarcely say that it consists in certain invisible effluvia or emanations from the surface of the earth, which were formerly called 'marsh miasmata,' but to which it has of late years become fashionable to employ the foreign term, 'malaria.'" "The paroxysms of the disease [Ague], if left to itself, will recur for a certain length of time, and unlike [unlike?] the paroxysms in any of the spasmodic diseases which we have lately been speaking of, [Hysteria, Epilepsy, Neuralgia, &c.—all more or less *periodical diseases!*] they recur at regular periods, and often with singular punctuality. This is a circumstance we should waste our time in attempting to account for. Dr. Cullen has tried to account for it, on the principle of some diurnal habit of the body. [Dr. Cullen was much nearer the mark than Dr. Watson!] But the truth is that no satisfactory explanation of it has ever been given; and we must be content for the present, at least, to receive it as an ultimate fact, and doubtless, a very strange and interesting one."

Of the Chronometry of Man, whether sound or sick, Dr. Watson, when he wrote what we have printed above, would appear not to have had the slightest idea!

CHAPTER VI.

TWENTY-FIVE years ago Dr. Watson was considered a "rising man" in his profession;—his work on the *Practice of Physic*, from which I have made so many quotations, having brought him to the early notice of the surgeon-apothecaries of the metropolis. In a new edition of that work recently published, Dr. Watson adheres with a strange pertinacity to the greater number of the sanguinary and exhaustive traditions of the past. Nor does he in the very least modify his belief—repeatedly expressed in former editions—that FEVER, however well treated, "will run its course." Being the result of a poison (he says) introduced into the blood, it cannot possibly be cut short! And this belief he maintains in the face of the universally admitted fact, that quinine daily cuts short Intermittent Fever—intermittent fever which, if we are to credit Dr. Watson himself, can never occur at all without the "poison of malaria!" Dr. Watson assuredly is no logician. But neither his inconsequence and want of precision as a thinker, nor his worse than inefficiency as an actor, would appear to have in any way injured him in the estimation of the Fellows of his College. Quite the contrary! for, with a singular unanimity, these gentlemen during the past year have selected him to fill the highest post Medicine can bestow on her votaries. Reader, Dr. Watson is now President of the Royal College of Physicians of London! He had previously been appointed Physician in Ordinary to Her Majesty, as a reward for his services while attending the lamented Prince Consort.

Of the four physicians who surrounded the death-bed of the illustrious patient, one only—Sir H. Holland—holds opinions in conformity with the chrono-thermal school.

Contrary to his colleague Dr. Watson, Sir H. Holland maintains that fever may in numerous instances be "cured," —in other words, cut short,—by taking advantage of "that principle which associates together so many facts in the history of disease—namely, the tendency in various morbid actions to distinct intermissions of longer or shorter duration, and more or less perfect in kind." But in this chronothermal doctrine Sir H. Holland is not more at variance with Dr. Watson, than he would seem to be with his two other learned colleagues, Sir James Clark and Dr. Jenner. Both these gentlemen, so far at least as their public writings indicate, adopt the unhappy idea of the President of the College of Physicians, that to shorten fever is an impossibility. Dr. Jenner, indeed, would appear to follow Dr. Watson's practice almost implicitly. If we consider how easily a simple "gastric fever"—which the Prince's disease was at first declared to be—may by lowering or *laissez-aller* treatment pass like that case into a fever of "the typhoid kind," Dr. Jenner, while officiating as physician to a public hospital, must have enjoyed ample opportunities of studying those typhoid complaints, which take so prominent a place in his writings!

In consultation with three colleagues so utterly opposed to him both in theory and in practice, Sir H. Holland's position during his attendance on Prince Albert could not have been an enviable one. Out of the chamber of death very little has been permitted to ooze regarding the treatment of that melancholy case. But as "gastric fever," in common with every other febrile complaint, is remarkable for its "intermissions of longer or shorter duration, and more or less perfect in kind," it would be a source of satisfaction to many to know that the disorder of which the Prince died was not allowed, day after day and night after

night, paroxysmally to repeat itself without some attempt on the part of his physicians to check it. Sir H. Holland, it can scarcely be doubted, with his practical knowledge of "the influence of certain medicines, and particularly of bark in curing even the most anomalous varieties of intermittent disorder," must have recommended bark (quinine) in the Prince's case. Query, was this or any other febrifuge medicine actually tried? It is just possible that backed by Sir James Clark and Dr. Jenner, Dr. Watson in the honest belief, doubtless, that fever cannot be cut short, may have thrown cold water on Sir Henry Holland's recommendation to try quinine here. But any such mere professional disagreement would not, of course, disturb the friendly relations of the consulting physicians;—medical etiquette, as we all know, even in the case of patients the most exalted, preferring a discreet acquiescence in the dictum of the majority to any hostile expression of opinion in the sick-room.

It is, nevertheless, certain that the people of England were much dissatisfied with the silence preserved by the physicians respecting the manner in which they treated the Consort of the Queen. In the case of the Duke of Kent, Her Majesty's father, who died of an illness of four days' duration, no such concealment was thought of. The medical treatment to which His Royal Highness was subjected may be gathered from a Life of the Duke by the Rev. Erskine Neale—wherein the details are given at some length. This much may be here related:—For a fever contracted from sitting some hours in wet boots, the Duke in the course of three days was bled to ONE HUNDRED AND TWENTY OUNCES. To the "discerning public" of that epoch, the announcement of this fact gave very general satisfaction. It was quite in accordance with the standard by which such

questions, then as now, are settled—the fashion of the day. But the practice in the Duke's case—for a reason the reader will scarcely guess—did not entirely meet the approval of Dr. Maton, the eminent London physician, who was hastily summoned to his sick-bed. After the death of the Duke, "that able physician and accomplished man," Mr. Neale tells us, made this among other remarks:—"Perhaps all was done that could be done. Indeed, that is the view which must now be taken; but if I had been in attendance on him in the early stage of his disorder, I think I should have BLED HIM MORE FREELY!"

It is a very general belief that the Consort of our Queen was from inefficient treatment allowed to die. This popular belief, if incorrect, is not likely to be removed until some official statement to the contrary be published, giving an account in detail of the treatment employed in the Prince's disorder. But in the case of Her Majesty's father, there are few men now living who will doubt that the Duke of Kent was medically put to death.

It was against the frightful practice pursued in that instance that the writer of these pages, in the teeth of a hitherto united profession, had the temerity first to protest in 1836. For denouncing the prevailing medical mania of centuries, my brethren in civil life, with rare exceptions, have not forgiven me to this hour. The medical officers of the Army and Navy, on the contrary, have as universally come forward in the most handsome manner to testify to the truth and value of every one of the alterations in practice I was the first to introduce. These gentlemen, it is well known, have no interest in procrastinating the sufferings of the sick;—their daily pay is not in the very least curtailed by the curtailment of disease. Hence, unlike the generality of civil practitioners, the naval and military surgeons welcome

every medical improvement which tends to lighten their labours. The support thus generously accorded me, is one of many proofs that the opposition I have encountered in other quarters has proceeded less from any real difference of medical opinion, than from a belief in its necessity as a measure of professional policy simply. In other words, the secret calumnies and scandalous misrepresentations to which the founder of the Rational School of Medicine has been subjected, have been neither more nor less than the usual foul weapons and shabby stratagems which every reformer must be prepared for, when at the mercy of any great body of men, whose ruling motive is a sordid expediency! But notwithstanding these and other equally questionable proceedings in behalf of old fashions and old interests, a great medical revolution is in the course of accomplishment. It will not be the fault of the present writer, if it stop short in the mere negation of all remedies whatever;—a point where the leading doctors and their satellites are now doing their best to make an uncompromising stand.

CHAPTER VII.

WHATEVER effect my various writings had in the first instance, on the members of my own profession—there was no lack of evidence as to the impression they made on the conductors of the public press all throughout the country. The *Unity of Disease* and the *Fallacies of the Faculty* more paricularly were most favourably noticed in the greater number of the London Literary Periodicals.* From a critique on

* The *Edinburgh* and *Quarterly Reviews* have been among the exceptions. To me the omission, in both cases, was the more remarkable from the fact that since then each of these Reviews has, from time to time, contained scientific articles, embracing the very subjects which have for so many years engaged my pen. My wonder increased when, in connection with these

the *Unity of Disease*, which appeared in *Colbourn's Magazine* so far back as 1839, it may not be amiss to quote a paragraph which, when taken in connection with circumstances of a later date, will be found to have a certain significance:—

"We have no hesitation in saying that much strong evidence is adduced as to the probability of the unity of all chronic diseases;—but what is of more importance to the *patient* part of the community, still stronger is brought forward to the more than fallacy—the FATALITY OF THE PRESENT SYSTEM OF PRACTICE. We cannot abstain from earnestly recommending the work to the attention of our readers, for this especial reason—that we have every cause to fear, that none but non-professional critics will care to do so. It is a work against which the profession may naturally be expected to set their faces and their wits; and which consequently it behoves the rest of the world to examine with more than usual interest and curiosity."

The expectations of the writer of the above paragraph were not long of being tested. True to the professional cliques they were in the habit of supporting, the respective editors of the *Lancet*, *Medico-Chirurgical Review*, and other similar periodicals, in the outset, either preserved a discreet silence on the subject of the new doctrine; or garbling and distorting it, treated the author with affected contempt. One professional critic only, Dr. Alfred Taylor, the then Editor of the *Medical Gazette*, received the

subjects, allusions were therein made to several subsequent writers—not forgetting Sir H. Holland, whose views on Intermittency, at least, are by his own admission, "wholly subordinate," to my "larger conclusions." A reprint of these scientific articles has just appeared, with the following title—"Essays on Scientific and other Subjects. Contributed to the *Edinburgh and Quarterly Reviews*. By Sir Henry Holland, Bart., M.D., F.R.S., &c., Physician in Ordinary to the Queen."

On this little fact, my readers may put whatever interpretation they please.

Unity of Disease with favour. In his brief notice, Dr. Taylor went as far as he dared when he praised the book for its "pith and point."

But as time rolled on the better disposed members of the profession began to be rather more chary in the use of the lancet and the leech;—and the practice of salivating everybody with mercury for everything, real or imaginary, became, to a certain extent modified, even in the hands of practitioners generally. Later in the day, the *Unity of Disease*, at first so sneered at by the majority of medical men, obtained some countenance in professional circles. In the *Journal of Public Health*, for March 1855, Dr. Richardson, the Editor writes thus:—

"The theory and practice of the Esculapian Art are passing through a remarkable and important revolution. The tendency of Medicine which a century ago [a century ago! —oh Dr. Richardson!] was directed towards the division of diseases into *many hundred forms*, and the formation of the most elaborate and complex nosologies is being in this day REVERSED; and the whole meaning of modern medical inquiry is to prove that DISEASE is a UNITY, with a *variety of phenomena;* and that its causes are reducible to a few elementary forms."

Outside the profession the doctrine has also gained converts. Auguste Compte, in his Letters recently published by Robinet, not only fully acknowledges the *Unity of Disease*, but recognises the "cerebral centre" as the true source of Man's Unity, whether in Health or Sickness.*

* "Il n'y a, au fond, qu' une seule maladie, celle de ne pas se bien porter. Les prétendues maladies classiquement distinguées, se reduisent essentiellement à de simples symptômes. Puisque la santé reside dans l' unité la maladie résulte toujours d'une altération de l' unité, par excès ou défaut d'une des fonctions en harmonie. Le désordre peut provenir du dehors ou du dedans, quand les limites normales de variation

CHAPTER VIII.

In a Letter addressed to the "President of the Royal College of Physicians of London," published a year or two ago, Dr. Spurgin, one of the Censors of the College, accuses the present writer of a systematic persecution of the Faculty. "To my mind, Mr. President, (says Dr. Spurgin) the Faculty has endured persecution and injustice at the hands of Dr. Dickson."—"Dr. Dickson has assailed the Faculty for the last twenty-four years in various publications. Neither Harvey nor Jenner did this."

If incessantly to urge reformation on a large class of men to whom, from any cause, reformation is repugnant, be persecution, I cannot possibly evade the charge. But who will believe that any one professional man, having no official position whatever, could—in the true sense of the word—PERSECUTE a powerful guild, composed entirely of men of the same profession as himself! Is it in the nature of things that any such person, isolated, to some extent, from his fellows, and restricted in the use of his one weapon, truth, could, by any possibility, thus cruelly injure a great profession;—a profession which, through the Briarean arms of its many thousand members scattered all over the country, possesses the most perfect machinery for prompt, energetic, and continuously collusive action! Such a "cloud of witnesses"—such a body of respectable men,—all interested in keeping to the same story, have made people believe very extra-

se trouvent depassées en un sens quelconque par l'action prolongée, soit du motif, soit de l'organisme; à mesure que l'espèce devient plus eminente c'est surtout le second cas qui prévaut. Chez les occidentaux actuels,—même masculins,—*la maladie doit donc être habituellement attribuée au centre cérébral*, qui domine mieux l'ensemble de l'organisme, et fonctionne davantage, &c., &c."

ordinary things. They will make them believe something still more extraordinary, if they can persuade sane Englishmen to credit Dr. Spurgin's assertion that the present writer has been the systematic persecutor of the Medical Faculty. Of persecution,—unsparing and vindictive persecution—there has been no lack here. But here, as in all similar cases, this dishonest exercise of power has come, not from the one, but from the many! Considering its extent and duration,—it is in full activity at the present moment!—the amount of public patronage the writer has for upwards of twenty years enjoyed, must be regarded as a marvellous professional success!

Dr. Spurgin's pamphlet was ostensibly put forth as a demi-official reply on the part of the College of Physicians to Dr. Heberden's famous letter to Dr. Page, the Harveian Orator for the year 1860. The following are Dr. Spurgin's alleged reasons for publishing it:—

"I have felt it to be but a common duty to come forward and support Dr. Page in the statements and conclusions which he has so elegantly given in his Harveian Oration. I consider that they are founded in fact, and that they are philosophical, and that they come from well cultivated ground. Dr. Page has proved himself to be a learned, experienced, and a soundly reasoning physician; and it is to be regretted that Dr. Heberden should have called these qualifications in question in the manner he has done. It is to be lamented that this tone should have found any impress within our college. Had Dr. Todd, or Dr. Bennett, or Dr. Dickson never lived, Dr. Page and many more experienced physicians, would, notwithstanding, have been using lancet, glass, and leech more and more sparingly for the last thirty years."

Whether in his estimate of Dr. Page as a philosophical

writer—or in his assertion that the fashion of Physic could have changed of itself—Dr. Spurgin is not very likely to have many followers. In both instances, he simply begs the question;—adducing neither fact nor argument to support his *ipse dixit* in either case.

"I can scarcely bring myself to believe (he continues) that either Dr. Todd, Dr. Bennett, or Dr. Dickson ever saw, in all their experience, inflammation combated by the bark, the steel, the wine, and the brandy of which Dr. Heberden boasts. If they did, death was the patient's inevitable doom."

Dr. Spurgin still holds to the antiphlogistic practice. "This practice, he says, may indeed have been remarkable for the frequency of its recourse to exhaustive measures,—a reproachful term thus employed;—but it has been recorded honestly and largely, with the SUCCESS ATTENDANT upon it; shewing that it was exhaustive of nothing but the dreadful oppression and CONSUMING FIRE OF INFLAMMATION."

Dr. Spurgin still bleeds in apoplexy and pneumonia.—He does not appear to know that statistics condemn the practice in both diseases!

From the title of his pamphlet, "*The Fallacies of the Faculty Fallacious*," I was not unprepared to find the author still vindicating the necessity for bleeding in many cases. But I was somewhat startled, I confess, at this time of day, to find a Censor of the College of Physicians denying the Periodicity of Disease as a general truth. With Dr. Watson, the present President of the College, Dr. Spurgin regards the Periodicity of Disease in Ague, or wherever else it may be traced, as a mere exceptional phenomenon.

"Periodicity," says Dr. Spurgin, "may be truly applicable to neuralgic tics, as it is in ague; but in no

sense, save that of stages, can it be applied to simply recurring forms of disease, which are but relapses and returns to which frail humanity is liable in its best estate, and under its most promising aspects. Unity, remittency, and periodicity, are high-sounding words; but the only novelty imparted to them by Dr. Dickson, is their unphilosophical application to all disease. Dr. Heberden, then, having committed himself to an unphilosophical system—to a groundless and false theory, in short—is not an authority in his dealing with facts." "It is easy to employ fine words, and to misapply their obvious meanings; but it is difficult to imagine how a Fellow of the Royal College of Physicians should fail to perceive that it is a misapplication of terms to attribute 'unity' to any form of disease; or to speak of the remittency and periodicity of all disease! Disease which, like the great dramatist's madman,

——'sees more devils than vast hell can hold,'

and exhibits more diversities than the libraries of ages can record, cannot surely admit the application of 'unity' in any sense. *We will leave such unity to be extolled by Dr. Dickson, rather than suffer one of our Body to advocate it without remonstrance.* Disturbance in the order of life and nature—

non bene junctarum discordia semina rerum—

is the universal characteristic of disease; so that to assert the unity of disease is to affirm the harmony of discord."

Upon the same principle, or want of principle, Dr. Spurgin would reject the periodical theory of storms!

Possibly, like Dr. Watson and Dr. Copland, Dr. Spurgin believes that there can be no periodicity in any disease whatever without malaria. He does not quite say that in his pamphlet. But, like these gentlemen, he cannot for the life of him see that "in ague and neuralgic tics" the

tendency to repetition, and *regularity* in the period of repetition—in other words, the tendency to chronometrical action more or less exact—is the result of a great INTERNAL LAW which regulates the movements of every living body, whether sound or sick;—while irregularity of movement, on the contrary, may be the accidental effect of the irregular application of any EXTERNAL perturbing influence to which the living body, sound or sick, may from time to time be exposed. I must, therefore, read Dr. Spurgin a lesson here from a work published more than half a century ago, by the celebrated Dugald Stewart. In his *Elements of the Philosophy of the Human Mind,* Mr. Stewart writes as follows:—

"The observations and experience of the vulgar are almost limited to things perceived by the senses. A similarity between DIFFERENT OBJECTS rouses their curiosity, and leads them to classification and general rules; but a similarity between DIFFERENT RELATIONS is seldom to be traced without previous habits of philosophical enquiry. Many such similarities or connexions, however, are to be found in nature; and when they are ascertained they frequently lead to IMPORTANT DISCOVERIES, not only with respect to other relations, but with respect to the objects or the events which are related." Again:—"In examining with attention the relations among different physical events, and the connexions among different relations, we sometimes are led by mere induction to the discovery of a GENERAL LAW;—while to ordinary observers nothing appears but IRREGULARITY."

Of this class of "ordinary observers," Dr. Spurgin for one must be regarded as a specimen. To the superficial view of ordinary minds, disease presents little but anomalies. Not how to assimilate complaints apparently different, but

how to distinguish one form of the same disorder from another is the ordinary business of ordinary men. The periodicity of disease, as a "general law," I may now tell Dr. Spurgin, is at the present day beginning to be a widely accepted fact. Throughout America, at this moment, it forms the ground work of all medical teaching;—the author of the discovery being there honourably and openly distinguished by name by the various medical professors. Nor is it a doctrine altogether ignored in our own schools of medicine. For many years past it has been publicly taught by Dr. Gull at Guy's Hospital. In his lectures delivered at that hospital so far back as the winter session of 1850, "Dr. Gull said the periodicity of the body, both in health and disease, is undoubtedly a fact. Dr. Gull stated that he had made numerous observations thereon;—he unequivocally stated that the whole body is periodical."

The words quoted above are extracted from the note-book of Dr. Moore, of Brighton, at that time one of Dr. Gull's pupils. But, when reminded of his obligations to the writer of these pages, Dr. Gull either affects to be deeply pre-occupied with something else, or evades the subject with the dry remark—"Dr. Dickson is no philosopher!" If, for reasons easily divined, the name is distasteful to Dr. Gull, it is satisfactory to me to know that his hospital colleagues have not the same cause for wincing at the sound. In consultation, more particularly with the senior surgeon of Guy's, Mr. Hilton—a gentleman in no way inferior to Dr. Gull in any professional point—I have met with a candour and urbanity, which Dr. Gull, while playing the mimic, might have copied without any very serious loss to his reputation, either as an honest man, or a man of science.

CHAPTER IX.

With a few of the more glaring plagiarisms of the chronometrical doctrine of health and disease, the reader has already some acquaintance. The latest manufacture of a piratical kind in this direction is a work by a Fellow of the Royal Society, who belongs to the ubiquitous family of Smith. The penultimate attempt in the same line, it may be remembered, was a "Lecture on the Chronometry of Life," by Mr. Paget, of Royal Institution notoriety;—whereof more anon. Let me here bespeak attention to the title of Dr. Smith's work, which is certainly a curiosity of its kind:—

"*Health and Disease, as influenced by the daily, seasonal, and other cyclical changes in the Human System. By Edward Smith, M.D., F.R.S. Walton and Maberly*, 1862."

Many years ago Dr. Kielder, an American physician, published a work, the object whereof was to prove that "everything in its movements is governed by a Law of Circles." The word "cycle," which Dr. Smith uses, has precisely the same signification. Johnson in his dictionary defines "CYCLE, a circle;—a round of time; a space in which the same revolutions begin again; a periodical space of time."

Throughout the whole of Dr. Smith's volume there is no notice of my labours; although its author repeatedly makes allusion to subsequent writers on the same subject. Among the individuals he thus distinguishes, is our old friend Professor Laycock, of Edinburgh. To inspire his readers with a high idea of his impartiality, Dr. Smith also makes courteous mention of some of the older writers;—alluding more particularly to Van Helmont, who observed a certain order of return in the paroxysms of ague and some other

fevers. In this crafty handling of his subject, Dr. Smith only follows a method which Dugald Stewart informs us was, in his day, the usual fashion of mediocre men, who hoped thereby to conceal the sources whence they purloined their most valuable ideas.

From the writer on "*Cyclical Changes,*" pass we now to the author of the work on the "*Law of Circles.*" The contrast in the conduct of these gentlemen is not in favor of Dr. Smith. To the man whom the English practitioner, by his disingenuous silence, would despoil, the American physician behaved with the most exemplary justice. Writing in July, 1849, from Lowell, Massachusetts, Dr. Kielder addressed the present writer thus :—

"Dear Sir,—Having perused and re-perused your valuable work, the *Fallacies of the Faculty,*—having found there a vast amount of truth, such as can *nowhere else be obtained;*—and having been much influenced and benefited by the same,—I deem it but just to make this acknowledgment to you. At the same time, I send you a copy of my own production, embodying much of your own true philosophy." "I have a manuscript, soon to be published, in which I have, in justice to yourself and the world, treated the subject of Chrono-thermalism in a candid manner as the production of a real philanthrophist, shewing the same, in the main, to be on such a sure foundation that it never can be rejected as false, as former theories have been, but MUST FOR EVER STAND."

For reasons which will bye and bye appear, in connection with Professor Paget's plagiaristic Lecture delivered at the Royal Institution in the summer of 1859, I will now make a verbatim extract from the 18th page of the *Destructive Art of Healing—a Sequel to the Fallacies of the Faculty,* fourth edition, published in the spring of 1856.

While perusing what follows, the reader's attention is especially directed to the language employed in the description of the chronometrical nature of Health and Disease:—

"A healthy man must be a regular man; you will find him keeping time almost like the clock in every act of his life. Such a man scarcely requires a watch to tell him when to rise or when to go to bed; when to work or when to play. Even in his interior economy, every organ and atom preserve a regular rythm in all their movements. The beat of his heart and the play of his lungs, on all but extraordinary occasions, keep, like the pendulum, the most perfect time in their alternate movements of approach and divergence; his corporeal income and expenditure also very periodically balance each other. From the cradle to the grave, the life—the whole life of man—is little more than a mere series of compensating periodic repetitive acts; —acts alternately attractive and repulsive,—or as they may also be expressed, concentric and excentric acts;—his entire living existence through all its different phases of childhood, boyhood, adolescence, maturity, and age, being summed up in a never ceasing state of alternate *systole* and *diastole*. Thus, a healthy man may be said to be a walking CHRONOMETER; while, in so far as heat and cold are concerned, he is also his own thermometer. The sick man, on the contrary, whether in winter or in summer, suffers from periodical alternations of temperature, in whole or in part. The healthy man does not even know what is meant by the 'chills and heats' of which invalids complain; though he cannot help being made aware that most of them, as in the Ague, have their 'good and their bad day.' *Chrono*-metrically and *Thermo*-metrically, then, the healthy man is all right. In him we behold an epitome or embodiment of every great system in nature. The

entire system of his frame, like the entire frame-work of creation, is a veritable CHRONOTHERMAL SYSTEM! In this, at least, there is no mistake; there can be no quackery here; for the man who, in all the acts and movements of life, comes up to *Time* (Chronos), and who, during every season of the year, preserves throughout his body a sense of equable *Temperature* (Thermà), requires no doctor to regulate what already is regular in all its actions. Attention to TIME and attention to TEMPERATURE must, therefore, be the object and aim of all rational medicine when a human being becomes sick, call his disorder by what name you please."

This paragraph, I repeat, is a verbatim extract from the fourth edition of a work published by me in the spring of 1856;—while Mr. Paget's "Lecture on The Chronometry of Life," be it remembered, was not delivered till the summer of 1859. Had the present writer never before printed a syllable on the subject beyond what is set down in the above paragraph, he must, it is clear, have anticipated Mr. Paget in the publication of the doctrine of the Chronometry of Life—even to the very *wording*—by a period of three years, at least. But, as my readers are aware, instead of preceding Mr. Paget by three years only, I can, in this matter, claim a prior authorship of three-and twenty!—the work from which the above extract is taken being, in reality, the fourth edition of one of the last of a series of publications on *Man the Chronometer*, begun in 1836. Why, then, select this particular work in preference for illustration? Partly for the precision with which the chronometrical doctrine of Health and Disease is stated in a short space; but more particularly to shew that Mr. Paget has not even displayed the small ingenuity necessary to re-christen it!

For the more complete development of this chrono-metrical or chrono-thermal theory—a theory which demonstrates that there can be no change of Time without change of Temperature, and *vice versa*,—I must refer to my various writings cited in the foregoing pages;—writings now extending over a quarter of a century;—writings which Mr. Paget himself can, by no possibility, ignore;—inasmuch as during that long period they have been over and over again discussed in the medical and other journals; to say nothing of the change of practice they have already induced, and the controversies which translations and reprints of them have given rise to all throughout Europe and America.

In view of these facts, the friends of Mr. Paget, it might be supposed, would gladly draw a veil over this passage of the professor's life. Whoever imagines that such would be their course, is little versed in the tactics of London medical men. Reader, there is nothing so daring that may not be done by any member of a metropolitan medical clique. Witness an "Address on Physiology," delivered at the College of Physicians in August last, before a meeting of the "British Medical Association" by a brother professor of Mr. Paget—Dr. Sharpey of the London University. In the course of this address—an address treating *de omnibus rebus et quibusdum aliis*—Dr. Sharpey made sundry observations on *Time* as an element of vital economics;—taking especial care, of course, to omit all mention of my name in connection with a subject which I was the first to place on record in all its importance as a light and guide to professional men. Twice Dr. Sharpey introduced the name of Mr. Paget to his admiring auditory;—once in allusion to "rest" as a supposed cause of the "rythm of the heart's action;"—and a second time towards the conclusion of his per-

formance, when he thus expressed himself on the subject of Vital Periodicity :—

"The periods of incubation—different, but determinate, in each species; the regulated time of consolidation and completion of the bones of the skeleton; of the eruption and succession of the teeth; the periods of maturity and decline of the whole body and of the particular organs; and a host of examples supplied by the history of the lower members of the creation serve to illustrate that conspicuous law of subordination to *Time* in the phenomena of the organic world, which Mr. Paget aptly designated as '*the chronometry of life.*'"

The repeated cries of "hear, hear," with which the meeting cheered this last allusion to Mr. Paget's name, showed how completely Dr. Sharpey knew his *monde*. Having gone so far, why, oh most estimable doctor! did you miss such a glorious opportunity of fathering on your friend the entire merit of the chrono-thermal discovery? Considering that the Chronometry of Life, under all circumstances, requires winding up instead of pulling down, a few adroit words from you, to that effect, might have settled the still debated question to whom or to what we owe the recent improvements in medical practice! With every wish to serve Mr. Paget, Dr. Sharpey had his reasons for stopping short where he did. The statement of the "philosophical Dr. Page" within the same walls only two years before, that these improvements had been brought about by some change in men's bodies "perhaps," or by some change in the surrounding atmosphere, was still fresh in the memory of Dr. Sharpey's audience. That was one reason for his reticence; but he had another more cogent. Remember whose eyes were upon him! Dr. Sharpey was adressing a Medical Trade Union—for such, in truth, is the

"British Medical Association"—a great Medical Trade Union, having its ramifications throughout England, Scotland, and Ireland, to their remotest corners. Before that redoubtable assemblage of doctors, surgeons, and apothecaries, nothing could have been more dangerous than any allusion, however cursory, to an innovation, which many of their number still believe to be a very great injury to their pecuniary interests. Dr. Sharpey, accordingly, left chrono-thermalism pure and simple to shift for itself. It was sufficient for him to know he had done enough to gratify the love of approbation of a deserving friend. The smile on Mr. Paget's face told Dr. Sharpey how perfectly he had attained his object;—for then and there, as it chanced, Mr. Paget was actually visible in the flesh. Wordsworth tells a story of an insignificant gentleman to whom somebody made a laudatory speech, having mistaken him for a writer of eminence bearing the same name. "The gentleman so addressed," the poet relates, "pocketed the praise like a man who is too poor in fame, or too devoid of spirit, to disclaim what is not his due." Far be it from me to apply this story to the case of a great discoverer. Professor Paget evidently felt no qualms in the matter. Reader! it would have done your heart good to have seen the radiant professor sunning himself with the happy idea, that, in his own remarkably handsome person, the great body of medical men by whom he was then surrounded beheld at once the exponent and the originator of the Theory of Vital Chronometry. For the public acknowledgment of that pleasant "fact," Mr. Paget was not long in showing his gratitude to Dr. Sharpey. Whether or not he took the most fitting opportunity for doing so, might be questioned. But *de gustibus*, &c. Public meetings, as we all know, end very much in this wise. Somebody gets up and moves a vote of thanks to

somebody, and somebody else seconds the motion. The personage thus honoured on the present occasion, it need scarcely be said, was the reader of the "Address on Physiology." Before he began his performance, Dr. Sharpey himself, it can hardly be doubted, expected this tribute to his talents. It would be next to a miracle if he did not also know beforehand by whom the compliment would be suggested. In the present case the matter was mismanaged. It would never seem to have occurred to a living soul in all that assembly, that the proposal of the vote of thanks to Dr. Sharpey might come with better grace from the lips of any other person than the honest man to whose vanity he had just been ministering. At all events the business of the meeting terminated thus :—

"On the motion of Mr. Paget, seconded by Mr. Turner, [Query Mr. Trimmer?] a vote of thanks was unanimously voted to Dr. Sharpey for his address."—*Lancet*, 16*th August*, 1862.

But for this transparently collusive proceeding, Mr. Paget's plagiarism of the "Chronometry of Life" might have been by this time forgotten. Dr. Heberden's Letter in the *Medical Circular*, which led to his exposure will now be re-read with avidity. Its piquancy will be henceforth more than ever appreciated ;—for assuredly Mr. Paget and Dr. Sharpey have managed to place themselves in no very enjoyable position.—*Quem deus vult perdere prius dementat ;*—a paraphrase whereof, to keep the reader from laughing, I subjoin :—

Whom to perdition Heaven commits
It first condemns to lose their wits.
Then why blame mortals thus bereft,
When caught in a piratic theft?
Paget and Sharpey but fulfil
The doom of an o'erpowering will!

Pray, Dr. Tuke,* inspect their crania,
And find a cure for Klepto-mania.
If by strong measures, and restraint,
You fail to check this base complaint,
With honest men in constant strife
Both may be lunatics for life!

CHAPTER X.

No physician or surgeon in these days will deny the necessity of attending to Time in the application of his remedial means; neither will any medical man absolutely refuse his assent to the fact that it is equally needful to attend to the Temperature of his patient's body, if he wishes to obtain a cure of any disease whatever. What he has just admitted when stated thus categorically in English, he may nevertheless deny, when more shortly formulated in Greek;—he may deny his approval of the chrono-thermal principle as a guide to sound medical treatment.—It were absurd to say that such a person is illogical; he is illiterate simply;—or worse still, a dishonest man. In the latter case, like Peter, he denies his master. Dr. Simpson, of Edinburgh, who puts the chrono-thermalist on a level with the quack, may take either horn of the dilemma he pleases. Dr. Simpson is either ignorant of the meaning of the word chrono-thermalist;—in which case he may require to be told that there are only two horns to a dilemma;—or, if he is not so illiterate as that, his sense of honesty, it may be inferred, is none of the finest.

For many a long day, when the doctors were twitted with the writer's revolutionary views, their taunting reply was, "Nobody follows him." Can they, with any show of justice, say that now;—now when everybody, is a chrono-

* The most celebrated of all our mad doctors.

thermalist, more or less! What is the English practice of physic at this moment but a modified chrono-thermalism? A gentleman to whom I lately complained of the extent to which, without acknowledgment, my views are now espoused by the profession, made me this answer,—"I wish, sir, the doctors would plagiarize you twice as much as they do!" My friend had just seen his brother through a long fever;—a fever which, in the belief, or on the pretence that a disease of that kind "must run its course," the medical attendants had for weeks made no effort to cut short. But when at last, death seeming almost inevitable, they became themselves alarmed, and ordered quinine; and the patient, who had all but slipped through their fingers, recovered. It is but just to these gentlemen to say, that in place of lowering measures, they prescribed from the outset, alcoholic stimulants to "support their patient *during the fever;*"—a great improvement certainly on the treatment of the past, and one now very generally adopted in the London Hospitals. But in our Military Hospitals the practice is more strictly in accordance with chrono-thermal principles. Instead of trusting to alcoholic support alone,—and like the London men, allowing a long succession of paroxysmal suffering to proceed, fit after fit, unchecked,—the army surgeons, to make short work with the fever itself, give quinine and medicines of that class from the commencement of the case.

That I may not be supposed to misrepresent the practice of our metropolitan physicians, I must beg the reader's attention to the following extract from an editorial article by Dr. Bushnan in the *Medical Times*—

"Our present successful plan of cure—for, this undoubtedly cannot be made the subject of a difference of opinion, [when did the doctors think their practice admitted a difference of opinion?] is, I apprehend, due to

our general NON-INTERFERENCE with the course of nature in the SUCCESSION of morbid actions—SAVE and THEN ONLY —when we see them running on rapidly to a FATAL RESULT. The modern triumph of our art is more in the happy forbearance exemplified in our NEGATIVE TREATMENT than in the positive success of any heroic remedy."

What a splendid triumph that! Pity Moliere is not alive to put laurels on the brows of our modern English doctors!—Just imagine a fever-patient, with two medical practitioners—a physician and an apothecary—in constant attendance on him. No two people could be more kind or more attentive;—for there, by the bedside of the patient, those two grave men of science, sit day after day; coming often twice on the same day, and even then never once neglecting to feel the pulse and inspect the tongue; always too asking some pertinent question or another, to clear away the difficulties that naturally beset every fever-case. It does one's heart good to see them;—and now and then, what a pleasure to have a little quiet conversation with men at once so intelligent and so benevolent! Reader, you may remain within ear-shot, while we ask a question or two:—

Good morning, Mr. Humdrum—how do you find your patient to-day?

"Quite as well, my dear sir, as can be expected;—our tongue and pulse are not worse than yesterday;—a little more lithic acid in the water, perhaps, but on the whole we are doing very well;—with a little more sleep, and a glass or two of sherry, we cannot fail to progress;—slowly but surely you know—ha! ha!—You agree, Dr. Humbug?"

"Certainly, I agree most perfectly with Mr. Humdrum."

But pray, Mr. Humdrum, what are you now doing *medically* for the patient?

"Studying the disease, my dear sir,—very carefully watching the case, you may be sure."

Good. And *you* Dr. Humbug?

"Helping Dr. Humdrum—a gentleman I have the greatest respect for—and whom [bowing to Mr. Humdrum] I am always happy to meet in consultation."

Have you tried quinine yet, Dr. Humbug?

"The modern triumph of our art, my dear sir, is more in the happy forbearance exemplified in our negative treatment, than in the positive success of any heroic remedy."

You agree, then, with Mr. Humdrum, that it is a mistake to give quinine in fever?

"Save, and then only, when we see the succession of morbid actions running rapidly to a fatal result!"

What do you say to all this, reader? In modern practice the sick man is allowed to waste away day by day from fever, and not the slightest effort is made to stop the succession of paroxysmal symptoms, till the poor creature is at death's door! Then, and not till then, the doctors give a febrifuge, and if the patient escapes from their clutches alive, they vaunt the miracle as a triumph of their art!

Is this stupidity simply? With many it no doubt is. But even in the London Hospitals there are men who, we cannot doubt, know better—and who yet follow the same practice.

Till the profession are remunerated for their services on a different principle from what they are at present,—till they are paid for skill and a quick cure, what they can now only obtain by procrastination, and a lingering illness,—the teachers in the various schools, who all eke out their incomes by private practice, will do their best to keep up the delusion, that the course of a fever can in no instance be stopped.

Few, singularly few, are the fevers that may not be arrested in *limine* by the timely use of febrifugal means. And, as a rule, there are not many fevers that may not be stopped, even at later stages, by such treatment—properly and energetically applied. To the perfect appreciation of this fact the profession must sooner or later come. If medical men continue much longer to ignore the truth here, the growing intelligence of an inquisitive people may some fine day read them a lesson never to be forgotten. It may just occur to sensible persons outside the profession, that to take the matter into their own hands cannot be worse than to be kept languishing on a sick-bed by the dilatory proceedings of their doctors.

With all this, it is consoling to know that the sins of the craft now are more sins of omission than sins of commission. Not many medical men at the present day, on pretence of curing their patients, exhaust their bodies of the material of repair, as they did a few years ago. But as yet the great mass of the profession show little inclination to avail themselves of the remissional phase noticeable in all diseases to stop the recurrence of the paroxysm by the numerous febrifugal medicines at their command. In this respect—whether from *esprit de corps*, or from some less justifiable motive—the profession, as a body, never bestir themselves till death threatens—till, in truth, a longer attendance would be frustrated by the—then to them dreaded—fatal result. Then, and not till then, the greater number of doctors end where they should have begun;—they now for the first time prescribe febrifuge remedies;—becoming, of course, themselves chrono-thermalists—chrono-thermalists, in the last resort — and sometimes, only alas! when too late!

CHAPTER XI.

READER, before you I place a chapter in verse. Skip it, if you dislike that method of treating a prosaic subject.

What Astral Science was ere NEWTON rose,
Medicine remained till the last century's close,
And years thereafter,—miserable to see—
A so-called system without clue or key!
"Excuse me, men for ages felt the PULSE."
And BLED it down to weaken or convulse!
The force that regulates all, solid and fluid,—
The CEREBRAL FORCE,—was scrupulously eschewed!
Hence, when the doctors came to play their part,
With one accord they fastened on the Heart.
Whether the sick man moaned from aching head,
Or gasped for breath, they cupped, and leeched, and bled.
Nor stopped they there;—for twice or thrice a-day
They purged their patient, even when old and grey;
Prescribed short commons, blistered on occasion;—
When young and strong they added salivation.
Instead of helping,—with quinine or steel,
The House's Chief to stop the feverish feel,—
That chilly, creepy feel which bodes the storm
Before a local malady can form,—
On each recurring fit they bled the faster,
And, while they sacked the mansion, slew the master!
"A sorry system!"
Seeking further light,
They questioned the dead man, and found ALL RIGHT!
Which sage conclusion might astonish some,
Who judge, like simpletons, that Death is dumb.
"If Silence gives consent, not quite so strange."
They seemed to think so, for they made no change.
"These times, thank heaven! are past;—wherefore revive
"Old feuds that interest nobody alive?"
'Twas WATSON'S practice up to 'forty-five!
"The man to whom, through England's breadth and length,
The doctors trusted as their Tower of Strength?"
The same.—And who, forsooth, to serve humanity,
Still scouts the Tonic Treatment as insanity!

"The Tonic Treatment of disease came out
In 'thirty-six, I think, or thereabout?"
In 'thirty-six Dickson, "misguided man,"
Gave to the world his chrono-thermal plan;
A plan repugnant to no natural fact,
Though, then as now, by half his tribe attacked.
For what?—His system proves as plain as day,
Their Art of Healing was the Art to slay!
"But medicine now is quite another thing."
It is, since he first struck the tonic string.
"That's not the reason London men avow,
When forced to order bark and tonics now."
Do London men keep always to the truth?
"Doubtless;—'tis they instruct our rising youth."
When science gets corrupted at the source,
What follows?—
"Wrong; but who pursue that course?"
Do London men, while trimming with the tide,
Acknowledge Periodicity as a guide?
"Following the ancient custom of their craft,
They count the pulse,—then order pill and draught!"
Do they allow that all disease REMITS?
"Some do—some don't."
Yet none will stop the fits!
Do they allow the cerebral source of fever?
"That doctrine now has many a staunch believer."
Then, why not ease at once the PART that FEELS,
And through the mainspring time the erring wheels?
Why not on brain and nerve with bark begin?
"Our London men first take the bowels and skin;
And treat, as taught in hospitals and schools,
Each separate organ by established rules.
The interior cleared, the skin relived as well,
They touch the liver up—with calomel,
Next come the kidneys—nothing is left out;—
They test the water, as advised by PROUT!"
Do London men, who hope to make a name,
Pursue that course with ladies?
"Yes,—the same!"
What do they seek to gain by the proceeding?
"The microscope may show that mischief's breeding."
Where doctors use the microscope at all,
The mischief apprehended must be small!

"A cautious man, when matters don't look bright,
Will take advantage of the faintest light."
Yet quietly ignore—perchance abjure—
The great Remittent Law that leads to cure!
"A cautious man will all short cuts eschew,
Pocket his fees, and do as others do."
But if Miss PAYWELL no advantage find?
"A consultation will relieve her mind."
The gentleman called in may disagree!—
"Never with those who help him to a fee."
Suppose the lady loses heart and hope?
"Sir LOCAL TINKER brings his stethoscope.
Or—should she show a preference—Dr. FOXY
Will back his brethren in their orthodoxy."
What's their new move?
"They sound Miss PAYWELL'S chest,"
And recommend?
"Whatever they think best."
Best for the patient?
"Look at that gold piece!—
What do men think of, when they deal with geese?"
The goose may die that lays such golden eggs!
"Their interest is to keep her on her legs."
Suppose the lady wastes from febrile fret?
"To stop the fever THEN is etiquette."
What if quinine be given a day too late?
"Doctors are but the instruments of Fate."
Which only proves—whatever some may say,—
How dangerous 'tis to dawdle and delay.
Touch then at once the mainspring of the watch,
Instead of tinkering little wheels that catch!
"Our London men, sir, work in pleasant chime,"
They seem, at least, to make the most of Time!
Do they take note of Temperature?
"They hold,
That, as a rule, patients are hot or cold."
What do they give their drugs for—pill and potion?
"To warm or cool the frame, and regulate motion?"
Then they make use of chrono-thermal power!
"Granted—but chrono-thermal grapes are sour."
If Dr. Holland smile on them for one?"
"The sourest grapes may ripen in the sun!"
Just so.—According to the cockney schools,
The creed all filch is only fit for fools;

While he, who out of chaos order brought,
Is "mad" and "bad;" or else—"not worth a thought.'
How about wine?
"They give it to restore."
Where all were bled, and purged, and starved before!
What led to practice so unprecedented?
"Change of Disease's Type."—
Real or invented?
Who first found out that Gout in all its stages
Has ceased to be the gout it was for ages!
That fevers, small-pox, chicken-pox, catarrh,
Were not the same REMITTENT things they are!
"In theory, Remittency may please,—
In practice acted on, adieu to fees!
How can complaints thus treated reimburse?"
Ah! now we touch a tender point—the purse.
While quick recoveries spoil the doctor's bill,
Physic to live, will take its time to kill;
And woe to him who, faithless to his craft,
Would stop recurrence by one little draught,
So long as men, ungrateful for the cure,
Pay those tenfold who teach them to endure!
Here honest Art in isolation stands,
While homœopath and allopath shake hands.
"Where men will only pay for waste of time,
To cure the sick were a professional crime."
And hence in Physic's field the race is won
Solely by him who lets them linger on!
What name in Medicine ranks with Harvey's now?
Living, the mark of Cain was on his brow!
If he who first, in spite of envious tongues,
Traced the life-current through the heart and lungs,
And solved the circle of its double tide,
Now reap the honours in his day denied,
Will after times the Arch Heretic despise.
Who raised the blood in Orthodoxy's eyes?
"The march of Science made its value known."
With none to help?—Can Science march alone?
Why vaunt the progress of our art and age,
Yet leave unnamed the individual sage
Whose genius brought to light the golden ore,
Whence drudging slaves drew only dross before!

"For the great cures his tiny globules bring,
The Homœopaths hail HAHNEMANN as their king!
SIMILIA SIMILIBUS, say they,
Stands forth the great discovery of the day."
The Homœopaths may fairly claim the field,
While tiny ills to tiny globules yield;
But if to these the gravest evils strike,
That's just the opposite of LIKE CURES LIKE!
"Men ride in chariots, who for Tic and Phthisic
Give little else but homœopathic physic."
Could these same men in chariots ride at all,
Were their small physic paid by fees as small?
SIMILIA SIMILIBUS—be sure—
Will not help him who undertakes the cure.
"Sneer as you please, 'tis many a year and long,
Since HAHNEMANN said, 'To bleed or leech is wrong.'"
Since HAHNEMANN said! Pray, sir, did Hahnemann show
WHY doctors err who cause the blood to flow?
The living blood for centuries ran like water—
Who gave the *clue* that stayed the insensate slaughter?
For centuries schoolmen cupped, and leeched, and bled,
Harped on the heart, and quite forgot—the head!
Who taught professors to *reverse* their tune—
Hahnemann or Dickson? That we'll settle soon!
Did Hahnemann say or show, or know in fact,
On what especial part our medicines act;—
Know that the Brain's the only inward thing
Whence chronal truth or thermal weal can spring;—
Know that, moreover, all disease is one,
Howe'er diversely signs and symptoms run!
Further,—did Hahnemann shew by aught he writ,
That—bleed or not—the fiercest ills remit;—
Remit, recur, remit and come again,
Till Art or Nature firm the unstable Brain?
What page of Hahnemann—sift it clause by clause—
Reveals the source of paroxysm and pause?
This ascertained—through every turn and tide,
Medicine has now a beacon and a guide;—
With this and reason to direct the way,
Who cares what any Solomon may say?
From earliest times, while Occidental art
Marring the healing power the nerves impart,

Drained heart and brain, no nation of the East
Spilt the life-stream,—in Medicine's name at least!
Throughout the Orient—all accounts accord—
The lancet strikes more terror than the sword;
There men, who freely yield their blood in war,
Would sooner die when sick, than meet its scar.
The moment the Feringhi bares its point,
The swarthy Brahmin quakes in every joint;
And grim "Celestials" see, with frightened face,
The "foreign devil" bleed his "impish race."
Against this monomania of the West,
Did men of science never once protest,
Never in horror, rage, or grief exclaim,
Till to the rescue Dr. Hahnemann came;—
Came like a wizard in some old romance,
To crush, forsooth! the lancet with a glance,
And free the world from pestilence and pain,
With drugs—in the decillionth of a grain!
"A doctor who, by witchery or wit,
Can, to infinity, thus physic split—
Whether we praise or blame his novel course—
Must be a man of infinite resource!"
Doubtless! and, if there's force in Homœo-pharmy
With next to nothing might relieve an army.
"But Hahnemann's works a principle reveal,
Unknown to former days—LIKE HURT, LIKE HEAL
One-sided words, and anything but new!
For even in SHAKSPEARE'S time they passed for true.
See what the bard, in his delightful play,
To the sad Romeo makes Benvoglio say:—
"Tut, man! one fire burns out another's burning,
One pain is lessened by another's anguish;—
Turn giddy, and be holp by backward turning;
One desperate grief cures with another's languish.
Take thou some new infection to thy eye,
And the rank poison of the old will die."
Now for the converse of this pleasant creed,
To show how far one-sided views may lead.—
If History lies not, ever since the Flood,
A host of ills have come from loss of blood.
What do the wounded in the battle field
Suffer from most, before their wounds are healed?

Exclude the small-pox, and complaints that spring,
Like that disease, from some contagious thing,
Every disorder to physicians known
May come, God wot, from hœmorrhage alone!
Convulsion, heart disease, paralysis,
Mania, and gout, have all been traced to this.
Now mark,—do Homœopaths keep to their laws
When these complaints come from some other cause?
What should their treatment be when Palsies strike
According to the rule of LIKE CURES LIKE?
Why don't they bleed?—The gentlemen may stop
When they have drawn the billionth of a drop!
"Who could do that?"
Doctors who pass for sane,
While they prescribe decillionths of a grain!
"Ha! ha! You have the laugh against them there;
But hundreds now by Homœopathy swear.
Without its light, these simple folks maintain,
Death still might triumph and Sangrado reign."
The effulgence of its light themselves attest—
Infinitesmal—moonshine at the best!
"Moonshine, my friend, will neither kill nor scorch;—
Can that be said of Allopathy's torch?"
To check the insane extremes of either camp,
Reason holds out the chrono-thermal lamp!
"Do you deny that Hahnemann was first
The gory shackles of the schools to burst?"
Long ere his advent, Radcliffe, Parr, John Brown,
In part at least, toiled to put bloodshed down.
"But what, with all their efforts, did they do?"
Like HAHNEMANN, little, lacking Nature's clue.
A system that for ages had endured,
Not by "infinitesmals,"—rest assured,—
Was destined to be shattered and abjured!
To crush the Moloch of the Western schools,
Required an iron grasp, and potent tools;—
Tools till of late so little understood,
Few, save in Ague, turned their powers to good.
But Bark and Steel, however strong the hand,
Had ne'er expelled the lancet from the land
Without the clue that based the use of these
On the REMITTENCY of ALL DISEASE!

CHAPTER XII.

CERTAIN of my readers are doubtless aware, that of late years there has existed a class of medical practitioners, who think the whole art, science, and mystery of physic may be learned by chemically analyzing the various solids and fluids pertaining to the organism of the human body. This, at least,—or something like this—is the belief of the modern chemico-medical school. The late Dr. PROUT, among ourselves, very much contributed to put this section of the profession on their wrong course; but it is principally to the writings of the Giessen Professor LIEBIG that we owe the great extent of this medical delusion. BERZELIUS, an infinitely greater chemist than either Prout or Liebig, was deeply impressed with the injury done to physiology by the writings of the Giessen professor, and the people of his school. From an ably-written paper, entitled, *Modern Chemistry, its Progress and Extent*, published in the *Edinburgh Review* for July, 1851, I extract the following passage in reference to the opinion of Berzelius :—

"The influence for evil in Liebig's seductive example had made so strong an impression on his cautious mind—a mind advancing only from the known to the unknown—that he expressed to us, towards the close of 1842, his firm belief that the writings of Liebig had done more harm to the safe progress of physiology than could be undone for forty years to come."

All honest and intelligent physiologists will concur with Berzelius, that Liebig *has* done physiology an immeasurable amount of mischief. Liebig's writings on this subject, one and all, are utterly delusive. But, so far from opposing the chemical imposture, the conductors of the medical periodicals, glad to blow any medical bubble, have, each and every of

them, conspired to keep it in motion. If we believe the Editor of the *Lancet* for one, "the researches of Liebig on the Continent, and of Prout and others at home, have established a new era in the history of our profession. The application of Chemistry in the elucidation of the problems of PHYSIOLOGY and in the treatment of disease, is becoming every day of more importance."—*Lancet*, 27th September, 1851.

Whether in explanation of the problems of physiology or as a guide to the proper treatment of disease, the chemistry of the laboratory is equally useless.

Take the *Solids* of the body, what do physicians owe to any chemical disintegration of these? Has this kind of knowledge told us how we can better treat any enlargement of the bones than formerly? Or, how a muscle, wasted by long paralysis, may recover its healthy fulness and force? What a mighty assistance chemistry must be to the surgeon when he has to treat a fracture of the leg or arm! The old chirurgeons must have been clever indeed to have managed such cases without it. Then as regards the *Fluids*. What, *primâ facie*, could be a greater absurdity than to expect any increase to our knowledge of the healing art by subjecting the blood, for example, to the crucible? Blood, dead and extravasated—for on no other blood can the chemist act—even before it be subjected to the destructive processes of chemistry, differs from the living circulating blood of the body, as much as milk, warm from the udder of the cow, differs from Stilton cheese! From a *résumé* of "Chemical Researches on the *Fatty* Matter of *Venous Blood*," some years ago presented to the Academy of Medicine of Paris, the reader may see what he has to expect from such investigations in the practice of physic:—

"1. Fatty acids, free or in combination, do not exist in

the blood. 2. The composition of the fatty matter of the blood is more simple than is supposed; it is formed of oleine, margarine, cholesterine, lecithine, and cerebrine. 3. Cholesterine is the only crystallizable substance of this fatty matter; it presents all the properties of cholesterine, of the yolk of eggs, and of biliary calculi. 4. The *serotine is a complex body*, the *existence* of which is *doubtful* [!!]. 5. The lecithine, or phosphoric matter, is not susceptible of crystallization; it is the product of the decomposition of oleic acid, of margaric acid, and of phospho-glyceric acid. 6. The cerebrine possesses the properties of yolk of eggs; it contains nitrogen, and in water at a high temperature swells up like starch. 7. The fatty matter of the blood, under the influence of putrefaction, yields with much facility the oleic and margaric acids. 8. The blood of the ox contains the same fatty principles as human blood."

Does not all this throw a wonderful light on "the problems of physiology," and on "the treatment of disease?"

Turn we now to the *Secretions*. After all the analyses we have, from time to time, had of these, what has been the effect of this kind of knowledge on the art of medicine? In what manner has it assisted the progress of our profession? Take the case of *Gout* for example,—a disease in which the chemico-medical doctors are so forward with their urine tests, and other chemical appliances,—what particular result has the physician ever derived from chemistry here? Has he obtained the slightest addition to his knowledge of the best mode of treating gout by subjecting either the urine, the blood, or any other fluid of a gouty patient, to mere chemical research? If he has, I know not in what it consists. Admitting that in both the blood and in the urine of gouty subjects, Dr. Garrod and others have detected a superfluity of the particular substance called

lithic acid, what has been the result of that discovery to medicine? It has given rise to a great pathological mistake simply,—a mistake in which, as my readers have seen, Sir B. Brodie has so completely participated, as to pronounce lithic acid to be the *cause* of gout! To the lithic acid, which can be obtained from either fluid in considerable quantity only when taken during the fit, Dr. Garrod and Sir B. Brodie, mistaking coincidence of effect for priority of cause, point as to the *fons et origo mali*. In this lithic acid—in this one of many fragmental developments of a great tidal paroxysm of gout-fever,—these gentlemen imagine they have discovered the cause of the tidal paroxysm itself! With equal propriety might Sir B. Brodie and Dr. Garrod ascribe the paroxysm of a *diabetic fever* to the sugar found in the urine in that disease. If, as we know has frequently happened in both cases, a fit of gout or a fit of diabetic fever may be instantaneously set up by a sudden chill, or a strong mental emotion, in a person constitutionally predisposed to either disorder, to what system must we look for the *beginning* of the disease, in either case, but the nervous system? Granting this, to what system but the nervous system should the physician direct his remedies in both diseases?

How speaks experience here? What are the remedies which, in the experience of medical men themselves, have been found most serviceable in gout and diabetes? Chemical remedies? Nothing of the sort! Bark, steel, arsenic, opium, creosote, and colchicum. Now what is the medicinal action of one and all of these remedies? Upon what system of the body do these medicines act? Nobody at this time of day will doubt that one and all of them act primarily on the brain and nervous system. Not one of these medicinal agents possesses the least chemical force in the *dead* body when

applied in medicinal doses. Through the nervous system only, when employed as medicines in sickness, can these substances influence favourably or the reverse—for they may do either—any one organ or atom of the corporeal frame. Acting not chemically, but electrically—not partially, but constitutionally,—in other words, influencing the entire nervous system of the man—quinine, steel, &c., may yet produce an alteration of every one of the chemical elements of every solid and fluid that performs a part in the incrementitious, excrementitious, or reparative processes of the entire body of the living man. Under the influence of any one of these medicines, as under the influence of a mental emotion, the chemistry of *every secretion may, in the living body, through the medium of the nerves, be altered in a moment of time!*

So far as regards cure, Chemistry cannot possibly afford the slightest indication. The source of cure, like the source of hurt, is the brain. Speaking of diabetes more particularly, a writer in the *Edinburgh Review*, already quoted, has this observation :—

"The cause and seat of this disease were alike unknown. [Years have elapsed since I first referred both to the brain and nerves!] A sudden glimmer, however, appears to have been thrown upon the subject, through an observation of M. BERNARD—that if a *slight wound* be inflicted upon the fourth ventricle of the *brain*, a little above the origin of the eighth pair of nerves,—the pneumogastric, which proceed, among other organs, to those of digestion,—the *urine* becomes charged with *sugar*, and presents the *other characters* usual in *diabetic* disease."

Now as diabetes, like the gout, is observed to run in families, and, like the gout, may be set up in such families by whatever may set up a common *intermittent* fever in other

persons—a sudden chill, or *mental emotion*, for example—we at once infer that this portion of the *brain*—the portion immediately under the fourth ventricle—is less strongly constructed in diabetic patients than in other people; and hence the development of the whole diabetic phenomena during the paroxysms of *any* febrile attack in persons thus predisposed to diabetes. During such paroxysm, the weak cerebral point receives a "slight injury"—an injury analogous to the "slight wound" of M. Bernard, and is attended with a similar result. This discovery of M. Bernard was scarcely wanted to prove the chrono-thermal doctrine, that diabetes is a disease of the brain and nerves!

"How curious," says the author of the same paper from which I take the above fact, "that in a malady where both departments of science are called in, [chemistry and physiology] chemistry should almost exclusively fix the attention [wrongly!] on the *urine;* while physiology leads us [rightly!] to turn our efforts chiefly to the condition of the *Brain!*"

No physician, who has given his mind to the study of the periodic and intermittently *febrile* nature of each and every of man's maladies, would ever dream of obtaining the slightest assistance from what, in the language of the day, is called, "organic chemistry." Organic chemistry! the phrase, as employed by chemists, is a misnomer. So far as the human body is concerned, the chemist can only act on the matter of the *dead.* Once in the crucible, flesh and blood, and bone and nerve, take leave for ever of their organic nature. They are placed there for the very purpose of being disorganized; and before the slighest chemical result can be obtained, flesh and blood, and bone and nerve, must all be rendered as inorganic as the glass or iron from which that crucible was formed. Physiologically

speaking, there is no such thing as organic chemistry, in the sense at least in which it is used in the laboratory. The only true organic chemistry is Vital Chemistry — the chemistry of the Creator of all things! The man of acids, and alkalis, test-tubes, and crucibles, by the exertion of his very highest art, cannot possibly produce the meanest tissue of the body of the meanest thing that crawls the earth. He may *destroy* the highest; but with the mere chemical elements of the disintegrated organism before him, he cannot create—he cannot recompose the smallest wheel or pulley of the lowest thing that ever lived or breathed. Let the chemist keep to his own domain—the decomposition and recomposition of inorganic matter, including, if he please, dead animal matter; let him not meddle with what concerns him not—the Chemistry of Life, in which *he* can play no part. To the practice of medicine, chemical theory cannot possibly apply. It is only very ignorant people who will be persuaded to the contrary. The human body, whether dead or living, is not the field in which chemistry can be advantageously employed in the service of medicine. The science of chemistry, it is true, may be very advantageously employed in "medical jurisprudence;" in other words, in the detection of *poisoners;* but it can only be turned to use in the medical art when directed to the inorganic substances, from which we derive the *materia medica.* The discovery of morphia and quinine—the active principles of opium and the Peruvian bark—are brilliant instances of the successful application of chemistry in this direction. Those who employ chemistry here are on the right road; those who employ it on dead animal matter will never in the least improve our knowledge of physiology. Chemistry is a recent science; it was equally unknown to the Greeks and the Romans. The alchemy of the Arabians

was the first approach to it. Two centuries ago, chemistry scarcely existed, even in name; while medicine, on the contrary, has been cultivated and practised, by the most polished nations, for upwards of three thousand years. The cause of its ill success in the hands of physicians was their complete ignorance of physiology—their ignorance of the laws of healthy life. From Hippocrates to Harvey there was no such thing as physiology taught in the schools. Before the discovery of the circulation of the blood, we could scarcely be said to have a physiology at all. Till the discovery, moreover, of the periodic theory of health and disease we had no *pathology*—none! What was called pathology in the schools was the anatomical straw-splitting of such parts of the body as had been most decomposed by death or disease! The end was mistaken for the beginning. Till the chrono-thermal era, the dissection of inanimate carcasses—will after ages believe it?—was by the schoolmen nicknamed pathology. Pathos, feeling, sensation—they pompously associated with the filth, and stench, and corruption of the dead-house! Abandoning the study of living nature, where a true pathology could only be found, the leaders of the schools, having first vainly sought the laws of life in the dissecting-room, turned at last for a new physiological light to the laboratory of the chemist! How Sir Astley Cooper, were he alive, would stare to read, in a medical periodical, such a passage as this—"The application of Chemistry in the elucidation of the problems of physiology, and in the treatment of disease, is becoming every day of more importance!"—Sir Astley Cooper, who, in his letter to me said, "I have no objection to be *unchemical* if I can be useful; and I agree with you, that the human stomach is not a Wedgwood mortar."

Before quitting the subject, read the following lines:—

Brain, heart, lungs, stomach, in the body's plan
Has each its special work to do for man.
All systems of the frame the frame conserve,
But MOTION must commence with brain and nerve!

Say what secretion—sweat, saliva, bile,—
May not be touched through LIFE'S ELECTRIC PILE—
Touched in its chemistry as in its flow,
Made crude or clear—too rapid or too slow?
Only in Health secretions run aright;
What gland, in Sickness, keeps its proper plight?
Then liver, kidney—every part and tissue
Where glands are rife—must err in ebb or issue;
Then may mere trifles in a trice induce
Sweat in excess, deficient gastric juice,
And VICE VERSA! Nay, distress the mind,
How quick the stomach fills with racking wind!
Anger and grief have made the bile run o'er
Where that secretion was all right before.
Is "the bile," here, a sequel or the cause?
Who says the second, laughs at logic's laws!
Through brain and nerve—Life's telegraphic chain—
Heat, cold, damp, drought, may tell on every drain;
Charge streams with acids, alkalies and all,
The pedants of our time "causes" miscall;
While, to make source and sequel plain as day,
Joy or surprise may clear the whole away,—
Clear off albumen, lithates—fiddle-faddle
BRIGHT and BENCE JONES so harp upon and twaddle!

What boots the test-tube here? A cure to find?
Mere clap-trap science to allure the blind!
No better bait for dilletanti asses,
With heads brim-full of "gravity" or "gases!"
Were living stomachs simply Wedgwood ware,
Such chymic trash some show of sense might bear;
But morbid fluids—alkaline, acid, sweet—
Like all the local wrongs physicians meet,
May come or go with changing nervous power,
The INTERMITTING OFFSPRING of the hour!

These be but FEBRILE SEQUENCES. Ye gods!
How some men quack on little ends and odds—
Converting—lawyer like—hairs, feathers, straws,
To golden unguents for their itching paws!

Pass we such chymic shams—the schools' delight
Not such the means to put wrong actions right.
Rarely depending on a local cause,
Why seek to subject these to chymic laws?
What matter how they show themselves or where?
The remedies are change of scene and air,
Bark, opium, steel—cold water—anything
Through which our fitful FEVERS may take wing;
Whate'er, in fine, may alter or control
The erring movements of the CATHOLIC WHOLE!

CHAPTER XIII.

In the course of these pages, I have had occasion to refer at some length to the practice of Sir Benjamin Brodie. That eminent surgeon has now passed from our ranks.

Sir Benjamin Collins Brodie was born in 1783. In October, 1862, when he died, he was in his eightieth year. The professional career of Sir B. Brodie proved singularly prosperous. While yet a very young man, he became assistant-surgeon to St. George's Hospital; and through the influence of Sir Everard Home, the then senior surgeon, he rose rapidly to a large and lucrative private practice. During many years his professional income, according to his biography in the *Lancet*, exceeded £10,000 per annum. On his accession to the office of Sergeant Surgeon to King William the Fourth in 1834, he was created a Baronet of the United Kingdom. Though not the first medical man, Sir B. Brodie was the first practising surgeon who succeeded to the Presidency of the Royal Society;—an honour he resigned the year before his death.

It is not necessary to be a genius to reach the top of any branch of the profession of medicine. But without great tact, a complete command of temper, and no lack of

worldly "wide-a-wakeness," it would have been impossible for Sir B. Brodie to have held for so long a period the high position he unquestionably did hold in the eyes af the profession and the public. To the natural qualities of the man, rather than to any superior skill in his profession, he owed his rise and continuous success as a surgeon. In the operating theatre, Sir B. Brodie possessed the ordinary advantages of a quick eye and a steady hand; but for fertility of resource, and rapidity of execution, he was excelled by Mr. Liston, Mr. Aston Key, Mr. Fergusson, and other surgeons of note.

As an author, Sir B. Brodie came frequently before the profession. Among the earlier and more effective productions of his pen, was a series of experiments with certain poisons on the lower animals. This he shortly afterwards followed up by his speculations *On the Influence of the Brain in the Generation of Animal Heat.* But the publication to which Sir B. Brodie himself principally ascribed his professional success, was his *Treatise on the Joints and Spine.* The fifth and last edition, it will be remembered, bore on its title page the words "with additions and alterations." So extensive were these variations, and in such complete conflict, whether as regards theory or practice, with everything their author had previously advocated, this so-called fifth edition, as my readers know, was to all intents and purposes, an entirely new work. Had Sir B. Brodie therein confessed—what on comparing dates may be so easily discovered—that the measures he now for the first time began to condemn as "not only not useful, but actually injurious," were the self-same measures which, during the better part of half a century, he had himself been in the daily habit of prescribing for his patients, his courage and his candour would have equally entitled him to

commendation. But when, so far from persuing this straightforward course, Sir B. Brodie artfully tried to gloze over these habitual mistakes of a lifetime, as the exceptional errors of his "early practice;" he laid himself open to the censure of every right-thinking man with sufficient discernment to see through the cheat. It is to be regretted, too, that in place of admitting the source whence he derived his new views and his new treatment, Sir B. Brodie took considerable pains to pass off both as the simple suggestions of his own "more enlarged experience." To the last the chirurgical Baronet shrank from the avowal, that every and each of these great and admittedly salutary changes had been actually forced on his reluctant acceptance at the eleventh hour by a revolutionary movement, he and his friends had for years vainly done their utmost to suppress! It is a curious fact, that with all his long and extensive experience, Sir B. Brodie himself scarcely initiated a single practical improvement in his own branch of the Healing Art. And to the day of his death he made no medical discovery to entitle him to the renown of posterity. Under these circumstances, it may seem strange that the writers in the London press on his demise were so loud and so unanimous in their praise of "the illustrious surgeon." The solution of the enigma is this:—Medical reputations in the present day have little or no correspondence with individual desert. The medical idols of our epoch have been, for the most part, persons of a compliant and submissive turn of mind—astute intriguers and diplomatists withal;—men so necessary to the professional cliques and coteries who can raise or depress their supposed superiors, but real subordinates, as it suits their interests or their pleasure.

As things are now managed, progressive medicine, on

the part of individuals at least, is the greatest of blunders. A practitioner who would be in advance of his brethren in these times, instead of becoming a man of mark, is sure to find himself, when he least expects it, in the less pleasant position of a "marked man." Sir B. Brodie was too practically prudent to court such a fate;—he resisted progress till everybody around him had made a move in that direction. The accomplished Channing, when deploring a similar stand-still policy in the clerical profession, said—"The age of individual action is gone. Truth can no longer be heard, unless shouted by a crowd." While medical men, in place of acting under the guidance of reason and conscience, are thus like a shoal of fish moved by the volition of the mass, what is the result—the inevitable result—so far as medical reputation is concerned? Medical reputation is a sham—the veriest juggle that ever imposed upon the inborn credulity of mankind!

Having, for so many years, collusively held up Sir B. Brodie to the world at large as their surgical head, the medical people of England determined that so great a man should not go to his grave without the appropriate funeral honours. Accordingly, no sooner was the breath out of his body, than the doctor-power was exerted in every newspaper within reach to extol the virtues and enhance the worth of their departed Coryphæus. A profusion of obituary notices—all, by the way, more or less redolent of Esculapean oil—came out simultaneously, or in quick succession, in his praise. The orientalism of these productions excited neither suspicion nor surprise;—so habituated had the public become to the hero-worship that had for years been imposed on them by their medical mentors. To unprofessional ears there did not seem any very great absurdity in the statement, that the death of

Sir B. Brodie was an irreparable loss to science—a national misfortune! Consequently, it never occurred to anybody to ask the question, "What has Sir B. Brodie done for science?" Whoever will take the trouble to examine these obituary notices with the eye of a critic, may search and search, and vainly search, for a single fact to justify such hyperbolical eulogiums! While wading through whole columns of vague and wordy laudation, you may occasionally stumble on a generality notoriously untrue. When the writer of the obituary article, which appeared in the *Times*, for example, asserted that no man had done so much to advance every branch of the medical art as Sir B. Brodie, he should have remembered some less idiotic maxim than *de mortuis nil nisi bonum*. Had people who knew better acted upon this principle in the case of George the Fourth, that dissipated King would still be remembered as the "first gentleman in Europe." Not less flattering in its general tone, but rather in contradiction to its great contemporary the *Times*, the *Daliy Telegraph* let out the fact, that all through his life Sir B. Brodie regarded medical innovations as mere Will-o'-the-wisps of science. In that case, how was it possible for "the first surgeon in Europe" to be in advance of his medical brethren in their efforts to improve medicine? The fact related in the *Daily Telegraph* is quite in conformity with the writings of Sir B. Brodie himself. It is in accordance more particularly with what he wrote so late as 1846, when he had reached the mature age of sixty-three. The reader has not forgotten how resolutely in that year the chirurgical Baronet set his face against "this modern fashion of resorting on all occasions to novel methods of treatment;"—and how strenuously he defended the "old remedies,"—those cruel and repulsive old remedies that make the flesh creep when we think of them!

It may appear invidious thus to bring to light the professional shortcomings of a man who, all through his long life, enjoyed so much prosperity. And without some worthy object such it would assuredly be. But it must not be forgotten, that in certain pursuits success is not always a proof of desert. It is precisely in an occult profession like medicine, where the public, as a rule, are as utterly ignorant of the merits of the artist as they are of the sufficiency of the art, that a spurious reputation may most easily be acquired. In the selection of their medical attendants, the London public at this hour are completely at the mercy of any clique who can collusively take them by the ear. Mr. Russell, the able correspondent of the *Times*, remarks on the business men of New York:—"From what I see, success may be obtained by refined men, if they are dishonest; never by philosophical men, unless they are corrupt." This observation—taken, of course, *cum grano salis*—is at the present time of wide application to English medical men.

To expose the gigantic system of corruption which has so long prevailed in medicine, without at the same time enquiring into the pretensions of the individual who so lately and so long held the position of its surgical chief, were impossible. That Sir B. Brodie possessed rare abilities is beyond denial; as a tactition, few men in his own line were so gifted. It is to be regretted that his genius was more adapted to the profitable pursuit of the profession, than to the advancement of the science, of medicine. Among the "martyrs of science" Sir B. Brodie's name will find no place. If wordly success, as some think, be the surest proof of professional greatness, the "illustrious surgeon" pre-eminently achieved it.—*Requiescat in pace.*

And now, Reader, for the present I must say adieu. The

reception the foregoing pages may receive from the public will detormine whether I stop my pen here, for some time to come, or whether I take it up again for their benefit on an early occasion. One thing is certain, it will not be from fear of any professional clique, if, with the present volume, I conclude these "Memorable Events in the Life of a London Physician."

Bolton Street, Piccadilly,
May, 1863.

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